

## Emergency Response Chart Note Template

Use this template to document any clinical emergency or urgent situation, such as postpartum hemorrhage, neonatal resuscitation, or shoulder dystocia. Focus on objective, time-stamped details, interventions performed, communications made, and the client's response.

### Client and Birth Information

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Birth: \_\_\_\_\_

Midwife(s) Present: \_\_\_\_\_

Assistant(s) Present: \_\_\_\_\_

### Description of Emergency Event

Brief description of emergency: \_\_\_\_\_

\_\_\_\_\_

Initial signs or symptoms observed: \_\_\_\_\_

### Timeline of Events and Interventions

Time: \_\_\_\_\_ Observations: \_\_\_\_\_

Time: \_\_\_\_\_ Interventions initiated: \_\_\_\_\_

Time: \_\_\_\_\_ Medications administered (dose/route/time): \_\_\_\_\_

Time: \_\_\_\_\_ Response to intervention: \_\_\_\_\_

Time: \_\_\_\_\_ Communication with EMS or other provider: \_\_\_\_\_

Time: \_\_\_\_\_ Client status update: \_\_\_\_\_

Time: \_\_\_\_\_ Additional notes: \_\_\_\_\_

### Outcome and Follow-Up

Estimated blood loss (if applicable): \_\_\_\_\_

Client's physical condition following event: \_\_\_\_\_

Client's emotional state following event: \_\_\_\_\_

Was EMS called? ☐ Yes ☐ No

Transport details (if applicable): \_\_\_\_\_

Follow-up care plan: \_\_\_\_\_

### Signatures

Midwife Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Note: This template is provided for informational purposes only and does not constitute legal advice. Midwives should ensure that all documentation practices comply with state regulations and professional standards.