



Incident Review Request Form

Member Name: _____ Credentials _____

Date request submitted: _____ Phone Number: _____

Email Address: _____

Date of Incident: _____ Client ID # _____

What type of sentinel event occurred (check all that applies):

- death _____
- significant birth injury _____
- ICU admission _____
- uterine rupture _____
- uterine inversion _____
- seizure _____
- NICU admission within 72hrs of birth (not including observations or congenital anomalies) _____
- significant shock leading to hospital admission for >48hrs _____
- adverse complications from medication administration or prescription _____
- Any other significant event a midwife would like reviewed _____

Please briefly describe, in an attached document, the incident. Make sure to include information that applies including: maternal age, G/P, gestational age, length of various stages of labor, GBS status if known and treatment (if applicable), length of ROM, presence of mec, abnormal FHT's, abnormal vital signs, APGARS, method and time of decision to transport and hospital course/outcome as well as any other information you feel is important. Did the case contain special aspects, such as VBAC, twin or breech. Please include what you hope to gain from the review and what aspects you would like to focus on.

Those who attended the birth or participated in care with the client are invited to attend as well, providing they are current WARM members. Provide names and email addresses of those you would like to attend. The incident panel will include 3 licensed providers (LMs and/or CNMs) who are members of WARM. You can request one of the panel participants as long as they didn't participate in the care of the client, please provide their name and email address. Please provide a HIPAA compliant copy of the full chart to the Facilitator once requested so it can be shared with panelists on the day of the incident review. Additionally bring or supply any practice guidelines or protocols that would apply to the case/situation as well to the review.

You can email this form and your summary to: warmreviewcommittee@gmail.com

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