

# Bleeding Emergency Log

Patient Information	Patient Location	Activation Information	MD Notified	Emergency Type
Place Patient Label Here or hand-write: Name: _____ MRN: _____ DOB: _____ Sex: M / F	<input type="checkbox"/> UWMC <input type="checkbox"/> NWH Unit: _____	Date: _____ Time: _____ Activated By: _____		<input type="checkbox"/> MTP <input type="checkbox"/> Emergency Release <input type="checkbox"/> OB MTP <input type="checkbox"/> Neonatal Bleeding Emergency
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