

ARKANSAS DEPARTMENT OF HEALTH LLM INCIDENT REPORT

FOR ADH USE ONLY			
Date Received			
By Mail		By Fax	
# of Report Pages			

LLM Name: _____ **Apprentice Name:** _____
Date of Incident: _____ **Date of Report:** _____
Client Name: _____ **EDD:** _____ **Delivery/Birth Date:** _____
LLM Action: Informed Refusal _____ Consult _____ Referral _____ Transfer _____ Transport _____
 Third Risk Assessment (Post Dates) _____ Authorized Emergency Measures _____ Un-Authorized Emergency Measures _____
Other Incident: Hospitalization of Mother/Newborn within 30 Days of Delivery _____ Unattended Home Birth _____
(Must report within 5 business days)
 Maternal/Newborn Death within 48 hours Delivery _____ OR Within 2-30 days of Birth _____
(Must report within 2 business days) (Must report within 5 business days)
Describe the Condition identified by the LLM and the Related History that led to the LLM's Action:

CPM/MBC Informed Refusal Form Date Signed: _____ List the Refused Requirement(s): _____

Consultants Name (Physician, CNM, or ADH Clinician): _____
 Hospital _____ Address _____ Phone Number _____
 Findings of Consultant:
 Recommendations and Actions of Consultant of the Consultant (for authorized emergency measures attach signed MD/CNM orders):

LLM Plan of Care:
 Outcome of Care. With delivery of the newborn, include the Method of Birth, Birth Weight, Apgars, any Complications:

In accordance with the Rules Governing the Practice of Licensed Lay Midwifery in Arkansas the Incident Report must be mailed to ADH by the 10th of the month following the event; earlier reporting is required for certain events as noted in this form. Enclose the report with the corresponding Caseload and Birth Log for the month. Documentation of medical consults must be maintained in the client health record and made available upon request.