**Discharge Risk Assessment:**

1. Does the patient have CHTN/GHTN/PreE/eclampsia? **{Blank single:19197:: "Yes: Schedule BP check in 2-3 days", "No"}**
2. Does the patient have maternal heart disease (e.g. cardiomyopathy, aortic stenosis, arrhythmia)? **{Blank single:19197:: "Yes: Schedule Cardiology appointment in 1-2 weeks", "No"}**
3. Does the patient have hx of VTE or on anticoagulation during pregnancy? **{Blank single:19197:: "Yes: Rx 6 weeks of Lovenox or other anticoagulation", "No"}**
4. Did the patient have a c-section? **{Blank single:19197:: "Yes: Schedule incision check in 1-2 weeks", "No"}**
5. Did the patient have 3rd or 4th degree laceration? **{Blank single:19197:: "Yes: Schedule incision check in 1-2 weeks and refer to OASIS clinic", "No"}**
6. Does the patient have a substance use disorder? **{Blank single:19197:: "Yes: Perform SBIRT, referral for MAT if OUD, Rx Narcan, need SW consult before discharge", "Yes: s/p SBIRT and SW consult, cleared for discharge by SW", "No"}**