**MATERNAL TRANSFER SUMMARY FORM FOR REFERRING/RECEIVING HOSPITALS**

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| **Situation** | Patient Name: \_\_\_Date and Time: \_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: Gravida: Para: EDC: EGA: \_\_\_\_\_\_\_Reason for transfer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Background/****Labs/****Diag tests:****Prenatal Form/Records Attached** **Hospital****Documents** **Attached** **ACT Patient** **Passport**  | **Current Pregnancy:** Prenatal Care received □ Yes □ No Where received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ PTL □ PROM □ Preeclampsia □ Gestational Hypertension □ Bleeding □ Previa □ IUGR □ Oligohydramnios □ Gestational Diabetes □ Hyperemesis □ Multiples □ Other  GBS Status: □ Positive □ Negative □ Pending □ Unknown Tox Screen: □ Positive □ Negative □ Pending □ Not Done Bacterial/Viral Cultures: □ Results □ Pending □ Not performed **Past Obhx/ PMH/PSH:** Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Assessment****at the time****of transfer** | Vital Signs: T P R BP Cervix: Dilation Effacement Station □ DeferredCervical length (US, if done) \_\_\_\_\_\_\_\_\_\_\_ FFN: □ Pos □ Neg □ Not Done □ Pending Membranes: □ Intact □ Ruptured Date/ Time: \_\_\_\_\_\_\_\_\_\_\_\_Immunoassay testing: □ Pos □ Neg Ferning: □ Yes □ No Nitrazine: □ Yes □ No Pooling: □ Yes □ No Fluid: □ Clear □ Light Meconium □ Thick Meconium □ Bloody □ Foul SmellingPatient labelPresentation: □ Vertex □ Breech □ Transverse Determined by: □ VE □ USContractions: Frequency Duration Intensity: □ Mild □ Moderate □ Strong FHR: Baseline Variability: □ Increased □ Moderate □ Minimal □ Absent  Decels: □ Variable □ Late Category □ 1 □ 2 □ 3  Accels: □  **Antenatal Steroids:** □Not Indicated (Reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)Betamethasone (1st dose): Date Time Dexamethasone (1st dose): Date Time **Rescue Course:** Betamethasone (1st dose): Date Time Dexamethasone (1st dose): Date Time   **Magnesium Sulfate :** □Not Indicated Dose: \_\_\_\_ Time started: \_\_\_\_\_\_\_\_\_\_\_\_ **Tocolytics:**  □ Terbutaline □ Nifedipine □ Magnesium [ ] Indomethacin Dose and Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Antibiotics**: □ PCN □ Ampicillin/Erythromycin □ Clindamycin □ Vancomycin **Antihypertensives:** □ nifedipine □ hydralazine □ labetalol Dose(s) and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Labs still pending at transfer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Recommendation/Plan of Care:**  **Transport Plan:** □ **Air** □ **Ground** Admit to: □L&D □Antepartum □ICU □EDInterventions Recommended Prior to Transport: □IV Access □O2 □Intubation □PRBCs □Pressors □ACT □ Magnesium Sulfate □Antibiotics □AntihypertensivesTransferring Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receiving Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transferring Nurse (print): Report Given to Receiving Nurse (print)  |