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

|  |  |
| --- | --- |
| **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 □ Deferred  Cervical 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 Smelling  Patient label  Presentation: □ Vertex □ Breech □ Transverse Determined by: □ VE □ US  Contractions: 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 □ED  Interventions Recommended Prior to Transport: □IV Access □O2 □Intubation □PRBCs □Pressors □ACT □ Magnesium Sulfate □Antibiotics □Antihypertensives  Transferring Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receiving Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Transferring Nurse (print):  Report Given to Receiving Nurse (print) | |