***Delaware Maternal Transport Form***

Patient label

Transferring physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receiving physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of transfer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_\_\_\_\_

**EDC:**\_\_\_\_\_\_\_\_\_\_\_\_ **EGA**.\_\_\_\_\_\_\_\_\_ **G**\_\_\_\_\_ **T**\_\_\_\_\_\_\_**P**\_\_\_\_\_\_ **A**\_\_\_\_\_\_**L**\_\_\_\_\_\_

**Diagnosis:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OB History/Complications**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pertinent Medical History**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current medications/indication**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies/Reactions**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vital signs**: BP/P \_\_\_\_\_ p\_\_\_\_\_\_ R\_\_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_\_ Pain level:\_\_\_\_\_\_\_\_\_\_\_\_

**FHR**: \_\_\_\_\_\_\_\_\_\_\_\_\_ Category of FHR tracing: □ 1 □ 2 □ 3

**Contractions**: □ None Frequency: \_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_ Onset:\_\_\_\_\_\_\_\_\_\_ Intensity: \_\_\_\_\_

**Membrane status**: □ Intact □ Ruptured Date/Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Speculum exam: □ Yes □ NO

 □ pooling □ ferning

Nitrazine: □ pos □ neg

 Amnisure test: □ pos □ neg

**Amniotic fluid**: □ clear □ bloody □ meconium □ odor □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*DO NOT PERFORM MANUAL PELVIC EXAMINATION IF membranes are ruptured & Patient is NOT IN ACTIVE LABOR***

**Vaginal exam: T**ime: \_\_\_\_\_\_\_\_\_

Cervix\_\_\_\_\_\_\_ Effacement :\_\_\_\_\_\_\_ Station:\_\_\_\_\_\_\_ Presentation:\_\_\_\_\_\_\_

DTR’s:\_\_\_\_\_\_\_\_\_\_\_\_ Clonus: □ present □ absent

***\*ATTACH COPIES OF ALL LABORATORY RESULTS AND RADIOLOGY REPORTS or Fill-in the Blanks***

Patient label

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| **Lab Tests:** |  |  |
|  |  |  |
| **Date of Test** | **Test Administered** | **Results** |
|  | CBC |  |
|  | Type & Screen |  |
|  | DIC Screen |  |
|  | Other |  |
|  | Hgb |  |
|  | Hct |  |
|  | WBC |  |
|  | Plt |  |
|  | Blood Type |  |
|  | Rh |  |
|  | Antibody Screen |  |
|  |  |  |
| **Liver Function Tests:** |  |  |
|  |  |  |
| **Date of Test** | **Test Administered** | **Results** |
|  | LDH |  |
|  | AST |  |
|  | ALT |  |
|  |  |  |
| **Metabolic Function**: |  |  |
|  |  |  |
| **Date of Test** | **Test Administered** | **Results** |
|  | Na |  |
|  | K |  |
|  | Bun |  |
|  | Glu |  |
|  | Cl |  |
|  |  |  |
| **Urinalysis:** |  |  |
| **Date of Test** | **Test Administered** | **Results** |
|  | Urine Culture |  |
|  | Gram Stain |  |
|  | C & S |  |
|  |  |  |
| **Ultrasound/ X-Ray:** |  |  |
| **Date of Test** | **Test Administered** | **Results** |
|  | BP/P Score/ Other |  |
|  |  |  |
| **Cultures Pending:** |  |  |
| **Date of Test/Time** | **Test Administered** | **Results** |
|  | GC |  |
|  | Chlamydia |  |
|  | GBS |  |
|  | Other |  |

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**Fetal fibronectin**: □ pos □ neg date of Ffn: \_\_\_\_\_\_\_\_\_\_\_\_ **Foley catheter**: □ YES □ NO

**Current IV:** *solution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ rate: \_\_\_\_\_\_\_\_\_\_ location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Isolation precaution:** □ MRSA □ VRE □ C-diff □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient label

**Medications**: Steroids given □ YES □ NO Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Antibiotic: \_\_\_\_\_\_\_\_\_\_\_ last dose:\_\_\_\_\_\_\_\_\_ □ Antihypertensive:\_\_\_\_\_\_\_\_\_\_\_ last dose:\_\_\_\_\_\_\_\_

□ Magnesium sulfate: loading dose: \_\_\_\_\_\_\_g time: \_\_\_\_\_\_\_\_\_ current rate: \_\_\_\_\_\_\_\_\_\_g/hr.

*\*****PLEASE SEND ALL PRENATAL RECORDS WITH PATIENT***

□ **H&P completed and included** □ **Prenatal records included □ Triage records included**

□ **Transports to Christiana Care Health System fax form to**: 302-733-4690

□ **Call report to charge nurse at : 302-733-2495**

 **Report given by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *R.N. time\_\_\_\_\_\_\_\_\_***

 ***Report given to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R.N.***

**□ Transports to Bayhealth Medical Center fax form to: 302-735-3246**

**□Call report to charge nurse at: 302-744-7245**

**Report given by*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_R.N. time\_\_\_\_\_\_\_\_\_\_***

***Report given to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_R.N.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Transferring Physician/CNM signature/date/time Transport Nurse/date/time

Patient label

**Time Ambulance dispatched\_\_\_\_\_\_\_\_\_\_\_ Ambulance crew arrival on unit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Departure time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Arrival at receiving facility time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MODE of TRANSPORT**: □ **Ground** □ **Air**

**Emergency contact person for patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Time** | **FHR** | **Contractions** | **BP** | **Narrative** |
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Transport issues: ( use lines provided to explain if needed)

□ Finding a transport Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□Ambulance team delay\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Cleanliness of Ambulance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Traffic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Ambulance Safety\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Weather\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Professionalism of Ambulance Crew unprofessional 0 1 2 3 4 5 Very professional

 Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Professionalism of staff at receiving facility unprofessional 0 1 2 3 4 5 Very Professional

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 08/13/14