AFFIX PATIENT LABEL

OR

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES**

Transferring Physician/CMN (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse Completing Form (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHECKLISTS**

**DOCUMENTS:** Sent:  with patient  faxed to receiving hospital (Transport to **CCHS Fax 302-733-4690**; Transport to **BHMC Fax 302-735-3246**)

 Prenatal Record  Prenatal Labs  Ultrasound reports  Current labs  H & P  Triage records  Discharge Summary

 Current Admission (relevant notes)  Admission face sheet  Patient consent to transfer  Copy of this completed form

**COMMUNICATIONS:** Physician to physician communication done Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nurse-to-nurse communication done (**Transports to CCHS call report to charge nurse at 302-301-2480; Transports to BHMC, call report to charge nurse at 302-744-7245**)

Report given by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RN Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report given to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RN

**PATIENT DATA**

Discharge Vitals: Time \_\_\_\_\_\_\_\_\_\_\_BP \_\_\_\_\_\_\_\_\_\_\_ P \_\_\_\_\_\_\_\_\_\_ R \_\_\_\_\_\_\_\_\_ O2 Sat \_\_\_\_\_\_\_\_\_\_ T \_\_\_\_\_\_\_\_\_\_Pain Level \_\_\_\_\_\_\_\_\_\_\_

Vaginal exam: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaginal Exam: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membranes: Intact Ruptured  Bulging Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amniotic Fluid (if ruptured):  clear  bloody  meconium  odor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bleeding:  Yes (EBL: \_\_\_\_\_\_\_mL)  No

Presentation:  Cephalic  Breech  Transverse  Unknown

Previa:  Yes  No

EFM: Baseline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Variability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accels: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decels: \_\_\_\_\_\_\_\_\_\_\_\_\_

Category  I (Normal)  II (Equivocal)

Contractions: >4/hr?  Yes  No

Pertinent Labs: Blood Type/Rh\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications:  Antenatal Steroids Given (Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) Next dose due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Magnesium Sulfate: Loading dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gm time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, then drip at \_\_\_\_\_\_\_\_\_\_\_\_\_gm/hr

 Terbutaline (time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Antibiotics (Name, Date and time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV: Site: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gauge: \_\_\_\_\_\_\_\_\_\_ Fluids Running: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total volume infused at discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Products Given: (Units Given/type) \_\_\_\_\_\_\_\_\_\_PRBC \_\_\_\_\_\_\_\_\_\_FFP \_\_\_\_\_\_\_\_\_\_Cryoprecipitate \_\_\_\_\_\_\_\_\_ Platelets

Last food/fluid PO: Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORT DETAILS**

**G \_\_\_\_ T \_\_\_\_ P\_\_\_\_ A\_\_\_\_ L\_\_\_\_ EDD \_\_\_\_\_\_\_\_EGA\_\_\_\_\_\_\_wk \_\_\_\_\_d (or date delivered: \_\_\_\_\_\_\_\_) Pt. weight \_\_\_\_\_\_\_**

Transferring physician/facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receiving Physician/facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indication(s) for transfer: Maternal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fetal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Pertinent History (OB, Medical, Surgical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications/Indication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Reactions:  NKDA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation:  Ambulance  Air Monitoring on transport:  Auscultation  Continuous EFM  Tele

**DELAWARE MATERNAL TRANSPORT FORM**

AFFIX PATIENT LABEL

OR

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DELAWARE MATERNAL TRANSPORT FORM – EN ROUTE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **FHR** | **Contractions** | **BP** | **P** | **R** | **Narrative** | **Initials** |
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**SIGNATURES**

Transport Nurse (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Initials\_\_\_\_\_\_\_\_\_\_\_/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Nurse (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Initials\_\_\_\_\_\_\_\_\_\_\_\_/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures, Other (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Initials\_\_\_\_\_\_\_\_\_\_\_\_\_/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures, Other (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Initials\_\_\_\_\_\_\_\_\_\_\_\_\_/Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Departure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival at receiving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact person for patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transport Issues: (Check appropriate boxes and explain in comment section as needed)**

 Finding a Transport Nurse  Ambulance team delay  Cleanliness of Ambulance

 Traffic  Weather  Ambulance Safety

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

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

 Professionalism of staff at receiving hospital unprofessional 0 1 2 3 4 5 very professional

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