



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: AmaraTemplate Weeks Gestation: 39w4d Date/Time: ___/___/___:___
Age: 38 G: 5 P: 4004 EDD: ___ Based on: [X] LMP/Conception [] Dating Ultrasound
Referring Provider Community Midwife Contact#: () ___
Name of person receiving call: Transfer Hospital Time Called: ___
Does receiving hospital have medical records: [] YES [X] NO [] UNKNOWN
Medical Records Included: [X] # pages ___

SITUATION and Reason for Transport
Postpartum hemorrhage

Status at Time of Transport: [X] Stable [] Unstable

Table with 3 columns: FHTs, Ctx Pattern, Mode of Transport. Rows include Dilatation/Station, BP, Temp, Pulse, Last food/fluid PO, Ultrasound Findings, Time at hospital door, IV Gauge, and Total infused prior to transport.

Labor History:
Latent Onset: (date/time): ___/___:___
Active Onset: (date/time): ___/___:___
2nd Stage Onset: (date/time): ___/___:___
AROM/SROM: (date/time): ___/___:___
Birth: (date/time): ___/___:___
Placenta: (date/time): ___/___:___
EBL: 1000cc
Fluid: [] CLEAR [] MECONIUM [] BLOODY
Lacerations: x NO YES, Details ___

BACKGROUND

Current Pregnancy Complications: mild anemia
Significant Medical History: non-contributory
Prior Pregnancy Outcomes: term SVDx4
[X] NKDA, Allergies: ___ Height / Weight: ___ / ___
Current Medications/Supplements: prenatal vitamin
Blood Type: Rh pos BP Baseline: ___ / ___ GDM Testing: [X] YES [] NO Hct: 31% (date: ___)
ALERTS: [] Rh- [] HSV+ [] Rubella Non-Immune [] HEP B+ [] HIV+
[] GBS Unknown [] GBS+ [X] GBS- (date: ___)

ASSESSMENT: immediate postpartum hemorrhage due to uterine atony. no lacerations. placenta intact.
medications administered: 10u Pitocin IM, 20u Pitocin IV in 500mL NS, 800mcg Misoprostol sublingual, 0.2mg methergine IM

RECOMMENDATION: additional uterotonics, close monitoring