



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: Avery Template Weeks Gestation: 40w 5d Date/Time: ___/___/___:___
Age: 36 G: 4 P: 2012 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
Fetal bradycardia in second stage

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

Table with 3 columns: Vitals (FHTs, Dilation/Station, Last food/fluid PO, Last Void Time, IV Gauge, Total infused), Ctx Pattern (q2m, BP, Temp, Pulse, Ultrasound Findings), and Mode of Transport (Private Vehicle, EMS, Other, EMS Staff, Called, Arrived, Departed, Time at hospital door, Time at L&D room, Time Hospital Provider Received, Time verbal report).

Labor History:
Latent Onset: (date/time): ___/___/___:___
Active Onset: (date/time): ___/___/12:00
2nd Stage Onset: (date/time): ___/___/12:30
AROM/SROM: (date/time): ___/___/12:30
Birth: (date/time): ___/___/___:___
Placenta: (date/time): ___/___/___:___
EBL: ___
Fluid: [X] CLEAR [] MECONIUM [] BLOODY
Lacerations: NO YES, Details ___

BACKGROUND

Current Pregnancy Complications: uncomplicated pregnancy

Significant Medical History: non-contributory

Prior Pregnancy Outcomes: term SVD x 2, SAB x1

[X] NKDA, Allergies: ___ Height / Weight: ___ / ___

Current Medications/Supplements: prenatal vitamin

Blood Type: Rh pos BP Baseline: ___ / ___ GDM Testing: [X] YES [] NO Hct: ___ (date: ___)

ALERTS: [] Rh- [] HSV+ [] Rubella Non-Immune [] HEP B+ [] HIV+
[] GBS Unknown [] GBS+ [X] GBS- (date: ___)

ASSESSMENT: fetal bradycardia, birth not imminent

RECOMMENDATION: continuous monitoring, operative delivery