



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: Gabriella Sample Weeks Gestation: 38w3d Date/Time: ___/___:___
Age: 33 G: 3 P: 2002 EDD: ___ Based on: [X] LMP/Conception [] Dating Ultrasound
Referring Provider Community Midwife Contact#: () ___
Name of person receiving call: Transfer Hospital Provider Time Called: ___
Does receiving hospital have medical records: [] YES [] NO [] UNKNOWN
Medical Records Included: [] # pages ___

SITUATION and Reason for Transport
Cord prolapse in multiparous patient in active labor

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

Table with 3 columns: Vitals (FHTs, Dilation/Station, Last food/fluid PO, Last Void Time, IV Gauge, Total infused prior to transport), Ctx Pattern (q2-3min, 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): ___/___:___
2nd Stage Onset: (date/time): ___/___:___
AROM/SROM: (date/time): ___/___:___
Birth: (date/time): ___/___:___
Placenta: (date/time): ___/___:___
EBL: ___
Fluid: [X] CLEAR [] MECONIUM [] BLOODY
Lacerations: NO YES, Details ___

BACKGROUND

Current Pregnancy Complications: Uncomplicated pregnancy to date
Significant Medical History: Non-contributory
Prior Pregnancy Outcomes: Uncomplicated NSVB x2
[X] NKDA, Allergies: ___ Height / Weight: ___ / ___
Current Medications/Supplements: PNV
Blood Type: O neg BP Baseline: ___ / ___ GDM Testing: [X] YES [] NO Hct: ___ (date: ___)
ALERTS: [X] Rh- [] HSV+ [] Rubella Non-Immune [] HEP B+ [] HIV+
[] GBS Unknown [] GBS+ [X] GBS- (date: ___)

ASSESSMENT: 33yo G3P2002 @38w3d with cord prolapse, in active labor, cervix 8/100/-1. Clear fluid. FHTs 70-80s.

RECOMMENDATION: Transfer of care to hospital for immediate delivery. Prepare Operating Room for likely cesarean birth.