



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: Nicole Sample Weeks Gestation: 37.1 Date/Time: ___/___:___
Age: 21 G: 1 P: 0 EDD: ___ Based on: [X] LMP/Conception [] Dating Ultrasound
Referring Provider: Community Provider Contact#: (___) ___
Name of person receiving call: Transfer Hospital Provider Time Called: ___
Does receiving hospital have medical records: [] YES [X] NO [] UNKNOWN
Medical Records Included: [X] # pages ___

SITUATION and Reason for Transport
Severe-range blood pressure and new onset headache in full-term pregnancy

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

Table with 3 columns: Vitals (FHTs: 130, BP: 160/98, Temp, Pulse: 58), Ctx Pattern: none, and Mode of Transport (Private Vehicle, EMS, Other). Includes fields for EMS Staff, Called, Arrived, and Departed times.

Labor History: Latent Onset, Active Onset, 2nd Stage Onset, AROM/SROM, Birth, Placenta, EBL, Fluid, Lacerations

BACKGROUND
Current Pregnancy Complications: Uncomplicated pregnancy to date
Significant Medical History: asthma, anxiety
Prior Pregnancy Outcomes: n/a
Current Medications/Supplements: PNV, albuterol prn
Blood Type, BP Baseline, GDM Testing, Hct, ALERTS: Rh-, HSV+, Rubella Non-Immune, HEP B+, HIV+, GBS Unknown, GBS+, GBS-

ASSESSMENT: 21yo G1P0 @ 37.1wk presenting with elevated blood pressure and new onset headache.

RECOMMENDATION: Evaluation for pre-eclampsia and plan of care