Maternal Transfer Form

DATE: _____ TIME: _____

Provided By STEP UP TOGETHER

Basic info

PATIENT FULL NAME: _____ AGE: _____ DOB: _____

G: _____ P: _____ WEEKS GESTATION: _____ EDD: _____ DATING ULTRASOUND ☐ LMP/CONCEPTION ☐

REFERRING PROVIDER: _____ PHONE: _____

HOSPITAL REFERRED: _____ CALL RECEIVED BY: _____ TIME: _____

Have medical records been sent?
YES ☐ NO ☐ UNKNOWN ☐

Records sent by
EMAIL ☐ FAX ☐ HAND DELIVERED ☐ ATTACHED ☐

Situation

Status at Time of Transport
STABLE ☐ UNSTABLE ☐

REASON FOR TRANSPORT: _____

FHTs: _____ CONTRACTIONS: _____ DILATION/STATION: _____

BP: _____ TEMP: _____ PULSE: _____ LAST VOID TIME: _____ LAST FOOD/FLUID TIME: _____

IV GAUGE: _____ TOTAL AND TYPE INFUSED PRIOR TO TRANSPORT: _____

MEDICATIONS GIVEN: _____

Mode of transport

PRIVATE VEHICLE ☐ EMS ☐ EMS CALLED: _____ ARRIVED: _____ DEPARTED: _____

EMS STAFF: _____

PEOPLE ACCOMPANYING PATIENT: _____

TIME OF ARRIVAL AT HOSPITAL: _____ TIME RECEIVED: _____ TIME VERBAL REPORT: _____

Labor History

LATENT ONSET
DATE: _____ TIME: _____

2ND STAGE
DATE: _____ TIME: _____

BIRTH
DATE: _____ TIME: _____

FLUID
CLEAR ☐
MECONIUM ☐
BLOODY ☐

ACTIVE ONSET
DATE: _____ TIME: _____

AROM/SROM
DATE: _____ TIME: _____

PLACENTA
DATE: _____ TIME: _____

GBS + ☐ ANTIBIOTICS GIVEN (TIME): _____ PLACENTA EXAM: _____

LACERATIONS: (If yes)
NO ☐ YES ☐ DESCRIBE: _____ REPAIRED? ☐ BLOOD LOSS: _____ EBL ☐ QBL ☐

Background

CURRENT PREGNANCY COMPLICATIONS: _____

ULTRASOUND FINDINGS: _____

SIGNIFICANT MEDICAL HISTORY: _____

PRIOR PREGNANCY OUTCOMES & ROUTE OF DELIVERY: _____

NKDA ☐ ALLERGIES: _____

CURRENT MEDICATIONS: _____

HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____ BP BASELINE: _____ PRE-PREG BMI: _____

GBS - ☐ GBS + ☐ GBS TEST DATE: _____ HCT/HGB: _____ TEST DATE: _____ GDM TEST: _____

RH- ☐ HSV+ ☐ RPR+ ☐ GC/CT+ ☐ RUBELLA NON-IMMUNE ☐ HEP B + ☐ HIV+ ☐ HEP C+ ☐

PERTINENT LAB NOTES: _____

ASSESSMENT: _____

RECOMMENDATIONS: _____

Newborn Transfer Form

DATE: _____ TIME: _____

Provided By STEP UP TOGETHER

Basic info

PATIENT FULL NAME: _____ MALE ☐ FEMALE ☐

EDD: _____ GESTATIONAL AGE: _____

MOTHER'S FULL NAME: _____ PHONE: _____

REFERRING PROVIDER: _____ PHONE: _____

HOSPITAL REFERRED: _____ CALL RECEIVED BY: _____ TIME: _____

Have medical records been sent?

YES ☐ NO ☐ UNKNOWN ☐

Records sent by

EMAIL ☐ FAX ☐ HAND DELIVERED ☐ ATTACHED ☐

Situation

REASON FOR TRANSPORT: _____

Status at Time of Transport

STABLE ☐ UNSTABLE ☐

Mode of transport

PRIVATE VEHICLE ☐ EMS ☐ EMS CALLED: _____ ARRIVED: _____ DEPARTED: _____

EMS STAFF: _____

PEOPLE ACCOMPANYING PATIENT: _____

TIME OF ARRIVAL AT HOSPITAL: _____ TIME RECEIVED: _____ TIME VERBAL REPORT: _____

Labor History

LATENT ONSET
DATE: _____ TIME: _____

2ND STAGE
DATE: _____ TIME: _____

BIRTH
DATE: _____ TIME: _____

FLUID
CLEAR ☐
MECONIUM ☐
BLOODY ☐

ACTIVE ONSET
DATE: _____ TIME: _____

AROM/SROM
DATE: _____ TIME: _____

PLACENTA
DATE: _____ TIME: _____

GBS + ☐ ANTIBIOTICS GIVEN (TIME): _____ PLACENTA EXAM: _____

COMPLICATIONS (If yes)
NO ☐ YES ☐ DESCRIBE: _____

NEWBORN RESUSCITATION
☐ NONE ☐ TACTILE STIMULATION ☐ SUCTION ☐ PPV ☐ OXYGEN ☐ CPAP ☐ CHEST COMPRESSIONS

Newborn Exam

BIRTH WEIGHT: _____

APGAR
1 MIN: _____ 5 MIN: _____ 10 MIN: _____

SIGNIFICANT FINDINGS: _____

EYE OINTMENT ☐
(IM) VITAMIN K ☐
(ORAL) VITAMIN K ☐
CCHD SCREENING ☐

Last Vital Signs

TIME: _____ HEART RATE: _____ RESP. RATE: _____ TEMP: _____ SPO2: _____

BLOOD GLUCOSE: _____

FEEDING CONCERNS: _____ LAST FEED (TIME): _____ LAST FEED (TYPE): _____

Maternal Health Background

MATERNAL AGE: _____ G: _____ P: _____

CURRENT PREGNANCY COMPLICATIONS: _____

ULTRASOUND FINDINGS: _____

SIGNIFICANT MEDICAL HISTORY: _____

PRIOR PREGNANCY OUTCOMES & ROUTE OF DELIVERY: _____

NKDA ☐ ALLERGIES: _____ CURRENT MEDICATIONS: _____

HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____ BP BASELINE: _____ PRE-PREG BMI: _____

GBS - ☐ GBS + ☐ GBS TEST DATE: _____ HCT/HGB: _____ TEST DATE: _____ GDM TEST: _____

RH- ☐ HSV+ ☐ RPR+ ☐ GC/CT+ ☐ RUBELLA NON-IMMUNE ☐ HEP B + ☐ HIV+ ☐ HEP C+ ☐

PERTINENT LAB NOTES: _____

ASSESSMENT: _____

RECOMMENDATIONS: _____