



### HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: \_\_\_\_\_ Weeks Gestation: \_\_\_\_\_ Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_:\_\_\_\_

Age: \_\_\_\_ G: \_\_\_\_ P: \_\_\_\_ EDD: \_\_\_\_\_ Based on:  LMP/Conception  Dating Ultrasound

Referring Provider \_\_\_\_\_ Contact#: (\_\_\_\_) \_\_\_\_\_

Name of person receiving call: \_\_\_\_\_ Time Called: \_\_\_\_\_

Does receiving hospital have medical records:  YES  NO  UNKNOWN

Medical Records Included:  # pages \_\_\_\_\_

#### SITUATION and Reason for Transport

\_\_\_\_\_

Status at Time of Transport:  Stable  Unstable

FHTs:

Ctx Pattern:

#### Mode of Transport:

Dilation/Station:

BP: \_\_\_\_ / \_\_\_\_

Private Vehicle  EMS  Other

EMS Staff: \_\_\_\_\_

Last food/fluid PO (date/time):

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Called: \_\_\_\_\_ Arrived \_\_\_\_\_

Departed: \_\_\_\_\_

Last Void Time: \_\_\_\_:\_\_\_\_

Ultrasound Findings:

Time at hospital door: \_\_\_\_:\_\_\_\_

Time at L&D room: \_\_\_\_:\_\_\_\_

IV Gauge: \_\_\_\_\_

Time Hospital Provider Received \_\_\_\_:\_\_\_\_

Total infused prior to transport:

Time verbal report: \_\_\_\_:\_\_\_\_

#### Labor History:

Latent Onset: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Birth: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Placenta: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Active Onset: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

EBL: \_\_\_\_\_

2<sup>nd</sup> Stage Onset: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Fluid:  CLEAR  MECONIUM  BLOODY

AROM/SROM: (date/time): \_\_\_\_/\_\_\_\_:\_\_\_\_

Lacerations: NO YES, Details \_\_\_\_\_

#### BACKGROUND

Current Pregnancy Complications: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Prior Pregnancy Outcomes: \_\_\_\_\_

NKDA, Allergies: \_\_\_\_\_ Height / Weight: \_\_\_\_\_ / \_\_\_\_\_

Current Medications/Supplements: \_\_\_\_\_

Blood Type: \_\_\_\_\_ BP Baseline: \_\_\_\_ / \_\_\_\_ GDM Testing:  YES  NO Hct: \_\_\_\_ (date: \_\_\_\_)

ALERTS:  Rh-  HSV+  Rubella Non-Immune  HEP B+  HIV+

GBS Unknown  GBS+  GBS- (date: \_\_\_\_)

ASSESSMENT: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_