

[Patient Sticker Here] or enter: Receiving Hospital (Name, Logo) Date: _____
 Name: _____ Transport Center (phone #) Initial Call (time): _____
 DOB: _____ Labor & Deliver (phone #) Transport Accepted: _____
 Fax Documents to (phone #) Pt Left Sending Hosp: _____

Maternal Transport Checklist from ACOG/SMFM 2020

G ___ P ___ EDD _____ Gest Age ___ wk ___ d (or Date Delivered: _____) Pt Weight _____

Indication(s) for transfer: Maternal _____ Fetal _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Pertinent PMH, PSH: _____

Other services needed on transfer: NICU ICU Cardiac Other _____

Referring Hospital: _____ Level of Care: Maternal _____ Neo _____

Referring Physician: _____ Phone _____

Primary Obstetrician: _____ Phone _____

Receiving Hospital: _____ Level of Care: Maternal _____ Neo _____

Receiving Physician: _____ Phone _____

Vitals: Current Time: _____ BP _____ / _____ P _____ R _____ O2 sat _____ T _____

On transfer Time: _____ BP _____ / _____ P _____ R _____ O2 sat _____ T _____

Vaginal Exam: _____ / _____ / _____ Date/Time _____

Vaginal Exam: _____ / _____ / _____ Date/Time _____

Membranes: Intact Ruptured Bulging

Bleeding: Yes (EBL: _____ ml; QBL: _____ ml) No

Ultrasound: Presentation Cephalic Breech Transverse Unknown

Placenta Yes No Unknown

EFW: _____ g Amniotic fluid volume _____

Other findings _____

Pertinent Labs: _____

EFM: Baseline: _____ Variability: _____ Accels: _____ Decels: _____

Category I (normal) II (indeterminate)

Contractions >4/hr? Yes No

Medications: Antenatal steroids (1st dose date and time _____)

Magnesium Sulfate: Bolus (time) _____, then Drip at _____ g/hr

Terbutaline (time _____) Antibiotics: _____

Other: _____

Blood Products: Units Given (_____ PRBC _____ Cryoprecipitate _____ FF _____ Platelets)

Transportation: Ambulance Air Private car Responsible for arranging: _____

Monitoring on transport Continuous EFM Tele Medications _____

Physician-to-physician communication done Nurse-to-nurse communication done

Document Checklist: Documents sent how: with patient fax to receiving hospital

Prenatal record Prenatal labs Ultrasound reports Current labs H&P Discharge Summary

Current admission other relevant notes EFM strips if relevant findings

Admission face sheet Patient consent for transfer Copy of this completed form

Notes

