

Delaware Maternal Transport Form

Patient Name: _____ DOB: _____ Emergency Contact: _____
 Date of Transfer: _____

<u>D</u> Demographics	Gravidia: _____ Term: _____ Preterm: _____ Abortions: _____ Living: _____ EDC: _____ Weeks Gestation _____ Age: _____ Rh/Type: _____ Group B strep: _____ Physician _____ Diagnosis: _____ OB complications: _____ _____ Medical history: _____ _____ Current Medications/Reason: _____ Allergies/Reactions: _____ Height: _____ Weight _____
<u>A</u> Assessment	Vital signs: BP: _____ Pulse _____ RR _____ Temperature _____ FHR: _____ Variability: _____ Presentation: _____ Speculum exam: Time: _____ Pooling _____ Ferning _____ Nitrazine _____ Membranes: Intact _____ Ruptured _____ Date/Time: _____ Amniotic fluid: clear _____ Meconium _____ bloody _____ foul odor _____ <i>(Do not perform manual pelvic examination if ROM)</i> Vaginal Exam: Time: _____ cm: _____ % effacement: _____ station: _____ Contractions: None _____ Regular _____ Onset: _____ Frequency: _____ Duration: _____ Intensity: _____ Pain level _____ Vaginal Bleeding: None _____ Normal show: _____ Onset: _____ Description: _____ Deep Tendon Reflexes: _____
<u>T</u> Tests	Lab Studies Completed (Check): CBC _____ C6 _____ C12 _____ UA _____ DIC screen _____ Other _____ Fetal Fibronectin: positive _____ negative _____ Ultrasound/ X-Rays: _____ <i>(Please send copies of all laboratory tests performed during this admission)</i>
<u>A</u> Alerts	IV therapy: _____ Foley catheter: _____ Isolation Precaution: _____ MRSA _____ VRE _____ C-Diff _____ other: _____
<u>S</u> Status	Status of Patient Care Plan: _____ _____ Transport Medications: _____ _____ <i>Please send prenatal records available and sent with patient (Yes/No) _____</i>

Transports to Christiana Hospital Perinatal Special Care Unit:

Fax form to 302-733- 4690
 Call report to charge nurse at: 302-733-2495

Transports to Bayhealth Medical Center:

Fax form to 302-735- 3246
 Call report to charge nurse at: 302-744-7245

Report given by: _____ Extension: _____

Report received by: _____