MATERNAL REFERRAL FROM OUT OF HOSPITAL BIRTH TO HOSPITAL

***PATIENT NAME:**_____

***DOB:**_____**G** ____**P**_____**EDD**_____

MIDWIFE NAME:_____PHONE:_____

TRANSPORT DETAILS

***REASON FOR TRANSPORT**_____
_____
_____
_____

FHTs_____ Ctx pattern _____
Vaginal exam_____ *BP _____ *Temp _____ *Pulse _____ Void time _____
Last food/fluid PO (date/time) _____
*IV Gauge _____ Fluid type _____ Total infused prior to transport _____
Method of transport: private car / ambulance

PRENATAL HISTORY

***ALERTS**: ☐ Rh – ☐ Hx of HSV ☐ GDM (last BS_____) ☐ Rubella non-immune ☐ Hep B unknown ☐ HIV unknown ☐ Syphilis unknown

***GBS** + / - / unknown BP Baseline_____ Blood type _____

***SIGNIFICANT HISTORY**_____

***ALLERGIES**: ☐ NKDA ☐ YES:

MED:_____s/sx:_____
MED:_____s/sx:_____
MED:_____s/sx:_____

ROUTINE MEDICATIONS

Med:_____dose:_____
Med:_____dose:_____
Med:_____dose:_____

EDD based on ☐ LMP ☐ Conception ☐ <12 wk ultrsnd ☐ 12 – 20 wk ultrsnd ☐ >20 wk ultrsnd

LABOR HISTORY

***SROM / AROM** date_____time_____ ***FLUID** ☐ clear ☐ light mec ☐ mod mec ☐ thick mec

LATENT ONSET date_____time_____ **ACTIVE ONSET** date_____time_____
***COMPLETE/2nd stage** date_____time_____ **PUSHING** date_____time_____
***BIRTH** date_____time_____ **PLACENTA** date_____time_____

***LACERATIONS** ☐ Yes ☐ No DETAILS_____ **EBL**_____

***MEDICATIONS given (circle those given)**: Pitocin Methergine Cytotec Local anesthetic Antibiotics RhoGAM Oxygen Epinephrine

Details/other meds:

Med:_____dosage_____route_____date_____time_____
Med:_____dosage_____route_____date_____time_____
Med:_____dosage_____route_____date_____time_____

*Priority areas—please complete these at a minimum