

Situation

Pt. Name _____ DOB _____

Reason for transfer _____

Physician accepting patient _____

Referring MD _____

Referring Hospital Tel. # _____

Mode of transport _____

Estimated Time of arrival (ETA) _____

Background

Language spoken: _____ English

G _____ P _____ LC _____

Allergies _____

Blood Type _____ RH + _____ / _____ -

Rhogam given _____ Y _____ N Date _____

GBS Status _____ Date _____

Hepatitis B Status _____ + _____ - Date _____

Rubella Status I _____ NI _____

RPR Status R _____ NR _____

H & H _____

Platelets _____

AST _____

Creatinine _____

Other Labs _____

Social History

Support Person _____

Relationship _____

Concerns if Any _____

Assessment

Mom

Vital Signs T _____ P _____ R _____ B/P _____

PIH _____ Y _____ N

DTR's _____ Clonus _____

Headache _____ blurred Vision _____

Epigastric Pain _____

Urine: Protien _____ Ketones _____

Specific Gravity _____

Postpartum Evaluation

Day _____ pp/po@ _____

C/section Incision Type _____

Dressing _____

Drainage _____

NSUD Episiotomy / Laceration Type _____

Fundud _____ Flow _____

Pericare _____ Breast/nipple _____

Newborn

Baby's Name _____ M F

Wt. _____ G.A. _____

Breast Bottle _____ Pumping _____

Newborn Disposition _____

Recommendation

Additional Comments: _____

Transferring RN - Name & Phone # _____

OB Triage Fax # 207-662-0205

MMC Transfer Report
Labor / Antepartum Patient

OB Triage phone # 207-662-0204
Call with update
L&D Charge Nurse # 662-0056
Call if unable to reach RN @ 662-0204

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Assessment

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Specific Gravity _____

Contractions _____ Y _____ N

Vaginal Bleeding _____ Y _____ N

Vaginal Leaking _____ Y _____ N

fluid _____ clear _____ other _____

Vaginal Exam _____ date _____ time _____

I V _____ Gauge needle _____

Recommendation

Meds Given

Celestone _____ date _____ time _____

Antibiotics _____ date _____

Magnesium sulfate Bolus _____ date _____ time _____

Magnesium Sulfate Drip _____ date _____ time _____

Social History

Support Person _____

Relationship _____

Concerns if Any _____

Transferring RN - Name & Phone # _____