

Transfer to Hospital Provider-to-Provider Form v.11/2021



Hospital:
Place patient Medical Record Label here

Hospital & Receiving Provider:

- 1) Please send communication and discharge summary to the transferring provider.
- 2) Please scan or otherwise include this form in the patient medical record.
- 3) Please submit feedback about the transfer using the QR code →
- 4) Please debrief the transfer with the transferring provider.



Midwife:

- 1) Please give this form plus prenatal & labor records to the receiving provider.
- 2) Please also email this completed form to: birthregistration@utah.gov.
- 3) ← Please submit feedback about the transfer using the QR code.
- 4) Please debrief the transfer with the hospital team.

Transfer Feedback

Fill out BEFORE LABOR	Provider(s)	<p style="text-align: center;">Transfer From</p> Provider Name: _____ Provider Phone Number: _____ Fax: _____ Transferring From: home birth center If from birth center: Center Name: _____ Center Phone # : _____	<p style="text-align: center;">Transfer To</p> Facility: _____ Phone Number: _____ Facility: _____ Phone Number: _____ For hospital-specific transfer guidelines, please see: https://mihp.utah.gov/uwnqc/out-of-hospital-births or use the QR code ←. ← Transfer Guidelines																		
	Patient(s)	Partner's Name: _____ Parental Desires: _____ Medical/Surgical/Allergies/Other Info: _____ OB History: G ___ P ___ / ___ / ___ / ___ Previous Cesarean? Y N # ___ Scar Type: LTCS (<i>bikini or Pfannenstiel</i>) vertical (<i>classical</i>) T J unk <small>Preg Term/PreT/Abor/Live</small> Previous Vaginal Birth? Y N # ___ Previous VBAC? Y N # ___																			
Fill out BEFORE LABOR	History	Before This Pregnancy																			
	History	This Pregnancy																			
	History	Labs																			
Fill out DURING LABOR and AFTER DELIVERY	Labor	<p style="text-align: center;">Labor Phases</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">No Labor or Onset at: ___w___d</td> <td style="width: 15%;">Early Labor</td> <td style="width: 15%;">Active Labor</td> <td style="width: 15%;">Pushing</td> <td style="width: 15%;">Birth</td> <td style="width: 15%;">Placenta Delivered</td> </tr> <tr> <td><i>(Times are military: 1pm=13:00)</i></td> <td>Onset/Event: ___/___/___ :___:___</td> <td>___/___/___ :___:___</td> <td>___/___/___ :___:___</td> <td>___/___/___ :___:___</td> <td>___/___/___ :___:___</td> </tr> <tr> <td><i>(Durations are hours:minutes)</i></td> <td>Duration: ___:___</td> <td>Early 1st ___:___</td> <td>Active 1st ___:___</td> <td>Total 1st ___:___</td> <td>2nd stg ___:___</td> </tr> </table> <p style="text-align: center;">Rupture of Membranes</p> Membrane Status: intact ruptured questionable Membrane Rupture Stage: before labor before pushing during pushing on delivery/in caul Rupture Time: ___/___/___:___:___ Method of Rupture: spontaneous artificial Fluid: clear light mec mod mec thick mec bloody		No Labor or Onset at: ___w___d	Early Labor	Active Labor	Pushing	Birth	Placenta Delivered	<i>(Times are military: 1pm=13:00)</i>	Onset/Event: ___/___/___ :___:___	___/___/___ :___:___	___/___/___ :___:___	___/___/___ :___:___	___/___/___ :___:___	<i>(Durations are hours:minutes)</i>	Duration: ___:___	Early 1st ___:___	Active 1st ___:___	Total 1st ___:___	2nd stg ___:___
	No Labor or Onset at: ___w___d	Early Labor	Active Labor	Pushing	Birth	Placenta Delivered															
	<i>(Times are military: 1pm=13:00)</i>	Onset/Event: ___/___/___ :___:___	___/___/___ :___:___	___/___/___ :___:___	___/___/___ :___:___	___/___/___ :___:___															
<i>(Durations are hours:minutes)</i>	Duration: ___:___	Early 1st ___:___	Active 1st ___:___	Total 1st ___:___	2nd stg ___:___																
Labor	<p style="text-align: center;">Medications During Labor</p> Antibiotics for GBS: not GBS+ penicillin none other: _____ More than 4 hours before delivery? Y N Other Intrapartum Meds Given: _____																				
Labor	<p style="text-align: center;">Most Recent Exams (update throughout labor)</p> Presentation: vertex breech-footling breech-complete (tailor sitting) breech-frank (piked) breech-unknown type compound shoulder face brow Vaginal Exam: ___/___/___:___:___ Dilation: ___cm Station: _____ Effacement: ___% Position: _____ Ctx Pattern: _____ Maternal Vital Signs (Intrapartum): ___/___:___:___ BP: ___/___ P: ___ R: ___ T: ___ °C F O2 Sat: ___% FHT Time: ___/___:___:___ Baseline: ___ Variability: 0bpm 1-5bpm 6-25bpm 26+ Method: intermittent continuous Accels? Y N Decels? Y N																				
Fill out DURING LABOR and AFTER DELIVERY	After Delivery	<p style="text-align: center;">Maternal</p> Lacerations: 1st° 2nd° 3rd° 4th° other: _____ Estimated Blood Loss: _____ mL/cc cups (<i>1cup=237mL/cc</i>) <p style="text-align: center;">Hemorrhage Medications</p> Pitocin (oxytocin): IM IV ___IU IV Fluids: NS LR D5W Methergine (methylergonovine maleate): ___mg _____ mL L Cytotec (misoprostol): SL vag rect ___mcg TXA: ___g x ___	<p style="text-align: center;">Newborn</p> Sex: male female ambiguous Apgars: 1m: ___ 5m: ___ 10m: ___ Eye Oint: Y N Vit K: IM oral none Feeding: Y N Urine: Y N BM: Y N <p style="text-align: center;">Resuscitation</p> (mark all that apply) Deep Suction Blow-by O2 PPV Cardiac Compressions Other for ___ min for ___ min for ___ min for ___ min																		
	After Delivery	Most Recent Vital Signs (update throughout postpartum)																			
	After Delivery	___/___:___:___ BP: ___/___ P: ___ R: ___ T: ___ °C F O2 Sat: ___% HR: ___ RR: ___ T: ___ °C F O2 Sat: ___%																			
Fill out DURING TRANSFER	Transfer	<p>Type of Transfer: antepartum intrapartum postpartum neonatal Method of Transport: private car ambulance</p> Situation: _____ Background: _____ Assessment: _____ Recommendation: _____ ___/___/___ Decided to Transfer: ___:___ Called EMS: ___:___ Called Hospital: ___:___ ETA: ___:___ Spoke With: _____ ___/___/___ EMS Arrived: ___:___ Left Laboring Location: ___:___ Arrived at Hospital: ___:___ Arrived at: ER L&D PP unit NICU nursery peds ___/___/___ Attended by Nurse: ___:___ Attended by Phys/CNM: ___:___ Accompanying Patient: partner doula others: _____																			