

Appendix 4

IN-UTERO TRANSFER

Patient sticker

SITUATION ie parity, gestation, singleton, SRM, presentation, cervical change.		Name and Sig.
BACKGROUND Past obstetric history, past medical history.		
ACTION Steroids (time given) Tocolytics (time and type).		
RECOMMENDATION Time of transfer from SDH, where transferred to.		

Units contacted	Time contacted	NICU Accepted?	Labour ward coordinator accepted?	Obstetric team accepted?
Wessex Cotline 02380 798792				
Poole #6132 singleton 27/40, twins 30/40				
Winchester #6135 singleton 28/40, twins 30/40				
Southampton #6140 from 24 weeks				
Queen Alexandra Portsmouth #6196 LW Ext 4546 from 24 weeks				
Dorchester #6374 singletons 28/40, twins 30/40				
Bath #6137 singleton 28/40, twins 30/40				
Swindon #6134 singleton 28/40, twins 30/40				

Accepting Unit _____

Time Accepted _____

See page opposite for details on arranging transport

Transport Urgent / Non-Urgent

If escalated to Urgent What time and why? _____

Transport Arranged by _____

Time Transport booked _____

Estimated Time of Arrival of Transport _____

Time left unit _____

Checklist

Maternity handheld notes

Equipment to accompany transfer and midwife allocated for transfer

Obstetric Consultant informed? Yes/ No When? _____

JBF SLD SAF AJK DMM SMV

Form Completed by _____