

## Appendix 2

### IN-UTERO TRANSFER

Patient sticker
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<b>SITUATION</b> ie parity, gestation, singleton, SRM, presentation, cervical change.		<b>Name and Sig.</b>
<b>BACKGROUND</b> Past obstetric history, past medical history.		
<b>ACTION</b> Steroids (time given) Tocolytics (time and type).		
<b>RECOMMENDATION</b> 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				
Other hospitals contacted:				

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 SMV

Form Completed by \_\_\_\_\_