

Name:

Hospital no:

**INTRAPARTUM TRANSFER BY AMBULANCE**

**FROM HOME/COMMUNITY SETTING**

**Situation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date: Time:** | | | |
| **Gr:** | **Para:** | | **Gestation:** | |
| **Reason for transfer:** | |  | | |

**Staff in attendance:**

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Grade** |
| **First midwife** |  |  |
| **Second midwife** |  |  |
| **Paramedic** |  |  |
| **Paramedic support** |  |  |
| **Other** |  |  |

**Transfer arrangements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ambulance**  **Decision made:** | **Date** | | | **Time** | | **Signature** |
|  | | |  | |  |
| **Type of transfer required** | **Category 1 Immediate (within 15 minutes):**  **Reason:** | | | | **Category 2 within 40 minutes:**  **Reason:** | |
| **IF CONCERNED WITH RESPONSE TIME GIVEN BY OPERATER PLEASE CALL urgent line 0300 3690096** | | | | | | |
|  | **Date** | | | **Time** | | **Signature** |
| **Ambulance contacted** |  | | |  | |  |
| **Call reference no.** |  | | |  | |  |
| **Ambulance arrival** |  | | |  | |  |
| **Ambulance depart** |  | | |  | |  |
| **Arrival at destination** |  | | |  | |  |
| **Transfer from:** | | | **Transfer to:** | | | |
| **Accompanying midwife:** | |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Communication:** | **Yes/No/NA** | **Signature:** |
| **Woman consented for transfer** |  |  |
| **Labour ward coordinator informed** |  |  |
| **On call obstetric registrar informed** |  |  |
| **Paediatric team informed** |  |  |
| **Woman handed over to:** | | |
| **Datix form completed:** | | |