Appendix 1 Transfer of care doc

**Postnatal Transfer Summary**

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| **SITUATION** | Date and Time message taken |  |
| Mothers name and Hospital number |  |
| Parity | Community team |
| Antenatal/Medical concerns  IOL reason |  |
| Social concerns |  |
| Allergies |  |
| Rhesus status: POS / NEG  MAT and CORD bloods taken & SENT TO LAB YES / NO | Investigations YES / NO  Swabs: LVS / HVS / PLACENTAL / OTHER  Date taken :  COVID SWAB DONE? YES / NO |
| **Background** | Type of Del  If CS, reason | Date of Del  Time of Del |
| IDUC? YES / NO | HAS PU’ed YES / NO HOW MUCH? |
| Perineum/wound |  |
| Estimated blood Loss  PPH Risk Assessment score | Post-delivery Hb required YES / NO |
| Placenta Complete  Membranes | Yes / No  Yes / No / Ragged |
| Baby’s sex | Name: |
| Birth weight | Gest /40 |
| Apgar Score /1 /5 /10  (FLAG: 7 or less @ 5 min needs RSO) | Any Resus |
| Type of feed | Time of feed |
| Vitamin K given YES/NO  IM / ORAL | Blood gases done YES / N RESULT:  (FLAG: Arterial 7.1 or less needs RSO & BM’s.) |
| Analgesia given post del | Early Onset Sepsis score (KAISER) |
| **Actions & Recommendations** | Drug chart available  ADT Form completed  Needs Dalteparin  TTOs Prescribed- from theatre or LW | Yes / No  Yes / No  Yes / No Is it prescribed Yes / No ( the woman cannot be transferred without the TTOs prescribed |
| Postnatal notes ready YES/NO  E3 notes Done YES/NO | GROW: Birthweight Centile |
| Observations required mother  RSO required YES/NO | Meows: YES/NO  Reason SATS done YES/NO |
| Blood sugars required YES/NO  (FLAG: If <5.1 centile needs blood sugars) | Next blood sugar due? |
| Any other relevant information | Wants amenity room YES/NO  Advised re charge YES/NO |

Midwife Calling:- Midwife Accepting:-