**Appendix 4 -** Wessex In-Utero Transfer Handover Sheet

|  |  |  |
| --- | --- | --- |
| age15image4019194080age15image4019194688  Patient ID label  age15image4019197872 | EDD: | |
| Gestation: | |
| Gravida: | Parity: |
| Singleton/multiple pregnancy: | |
| Transfer from (obstetrics) | Transfer to (obstetrics) | |
| Hospital: | Hospital: | |
| Dr name: | Dr name: | |
| Contact no/bleep:  age15image4018396048 | Contact no/bleep: | |
| Consultant: | Consultant: | |
| Reason for transfer: | | |
|  | | |
| Drugs administered (dates/times): | | |
| Steroids: | Magnesium sulphate:  Loading- Maintenance | |
| Other (e.g. antibiotics, tocolysis): | | |
| Last ultrasound report (include gestation/ weight/ dopplers/ placental location/ any concerns): | | |
|  | | |
| Obstetric history: | | |
| GBS status: | | |
| Past medical/ surgical history: | Social history/safeguarding: | |
|  |  | |
| COVID-19 status: | | |