Health Innovation
Oxford & Thames Valley

Maternal addressograph

Regional Preterm IUT record (Level 2 unit)

Patient information:

Name:	**DOB:**	**NHS no:**	**Pro-nouns:**

Communication:

Referring consultant	
Accepting consultant	
Name and title of person completing form	

Timing:

Date & time of decision to transfer	
Date & time of departure from Level 2	
Date & time of arrival at Level 3	
Date & time ambulance contacted	
Ambulance reference number	

Situation:

☐ Threatened preterm labour	☐ Rescue cerclage
☐ Established preterm labour	☐ Service capacity (for IUT >27/40)
☐ PPROM	☐ Maternal concerns (detail below)
☐ Fetal concerns (detail below)	☐ Other (detail below)
☐ Details:	

Background:

Gestation: **Parity:** **EDD:** **Singleton or Multiple:**	**Blood group:** **Antibodies:** **GBS status:** **Allergies:**
Current obstetric history:	**Medical/surgical history:**
Previous obstetric history:	**Current medications:**
Mental health/ communication barriers / safeguarding issues:	**Interpreter required? (Y/N) If yes, which language?** **Any hospital admission indicating CPE/ MRSA swabs? (Y/N)**

Assessment:					
	MOEWS score	**Uterine activity**	**PV loss / liquor colour**	**FH auscultated and present**	**Clinical signs of infection (Y/N)**
Prior to transfer					

Indwelling devices		
Date & time inserted	**Type of device**	**Comments (e.g. gauge, site, VIP score)**
	☐ Urinary catheter	
	☐ IV cannula	

Blood results				
Were these bloods taken BEFORE the administration of AN steroids?			Yes	No
Date & time	**Hb**	**WCC**	**CRP**	**Platelets**

PV assessment				
Date & time	**Dilation**	**Effacement**	**Membranes**	**SROM date, time & colour**

Point of care assessment				
Date & time	**Fetal presentation (USS)**	**Cervical length (USS)**	**Fibronectin/ Partosure / Actim Partus / Amnisure / Actim-Prom**	**QUiPP app score**

Medication:

	Date & time	**Drug name**	**Route**	**Dose**
1st steroid				
2nd steroid				
$MgSO_4$				
Antibiotics				
Tocolytics				
Analgesia				

Transfer checklist:

Parents	☐ Neonatal counselling ☐ Obstetric counselling ☐ Parents aware of destination & provided with address and contact information of receiving unit ☐ Letter of explanation or letter of Apology given to parents [Unit specific]
Paperwork required	☐ Booking history ☐ Handheld AN record (if applicable) ☐ Blood results (Booking & recent) ☐ USS reports and CTGs (if applicable) ☐ Drug chart ☐ Safeguarding / support plan (if applicable)
Name of accompanying midwife	