

Regional Preterm IUT record (Level 2 unit)

Patient information:

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

<input type="checkbox"/> Threatened preterm labour	<input type="checkbox"/> Rescue cerclage
<input type="checkbox"/> Established preterm labour	<input type="checkbox"/> Service capacity (for IUT >27/40)
<input type="checkbox"/> PPROM	<input type="checkbox"/> Maternal concerns (detail below)
<input type="checkbox"/> Fetal concerns (detail below)	<input type="checkbox"/> Other (detail below)
<input type="checkbox"/> Details:	

Background:

Gestation:	Blood group:
Parity:	Antibodies:
EDD:	GBS status:
Singleton or Multiple:	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)		
	<input type="checkbox"/> Urinary catheter				
	<input type="checkbox"/> IV cannula				
Blood results					
Were these bloods taken <u>BEFORE</u> the administration of AN steroids?			Yes	No	
Date & time	Hb	WCC	CRP	Platelets	
PV assessment					
Date & time	Dilation	Effacement	Membranes	SR0M date, time & colour	
Point of care assessment					
Date & time	Fetal presentation (USS)	Cervical length (USS)	Partosure / Actim Partus / Amnisure / Actim-Prom	QUIPP app score	
Medication:					
	Date & time	Drug name	Route	Dose	
1 st steroid					
2 nd steroid					
MgSO ₄					
Antibiotics					
Tocolytics					
Analgesia					
Transfer checklist:					
Parents	<input type="checkbox"/> Neonatal counselling <input type="checkbox"/> Obstetric counselling <input type="checkbox"/> Parents aware of destination & provided with address and contact information of receiving unit <input type="checkbox"/> Letter of explanation or letter of Apology given to parents [Unit specific]				
Paperwork required	<input type="checkbox"/> Booking history <input type="checkbox"/> Handheld AN record (if applicable) <input type="checkbox"/> Blood results (Booking & recent) <input type="checkbox"/> USS reports and CTGs (if applicable) <input type="checkbox"/> Drug chart <input type="checkbox"/> Safeguarding / support plan (if applicable)				
Name of accompanying midwife					