

Regional Preterm IUT record (Level 3 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 accept transfer	
Date & time of arrival at Level 3	
Receiving department (e.g. MAU/Delivery Suite)	
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"/> PPRM	<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)
Before departure					
On arrival					

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	SRM date, time & colour

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

Fetal assessment:

Date of USS	Baby order (if multiples)	EFW	Presentation	Placental site	Dopplers	Liquor volume

Medication:

	Date & time	Drug name	Route	Dose
1 st steroid				
2 nd steroid				
MgSO ₄				
Antibiotics				
Tocolytics				
Analgesia				

Transfer checklist:

Communication	<input type="checkbox"/> Receiving area/ward contacted and informed of IUT <input type="checkbox"/> Delivery Suite co-ordinator aware <input type="checkbox"/> Neonatal sister aware <input type="checkbox"/> Preterm Team aware
Paperwork requested	<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)
Handed over by:	Handed over to: