**Hospital :**

**Disaster Patient Form L&D or AP ROOM # \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Train Score:** YellowGreenRedBlue |
| **Hospital level needed: Neonatal LEVEL 1 2 3 (CIRCLE ONE)** |
|  **Maternal LEVEL 1 2 3 (CIRCLE ONE)** |

|  |  |
| --- | --- |
| Patient name: (Last, First) |  |
| MRN: (MRN) |  |
| DOB: |  |
| Primary OB provider: (PMD) |  |
| Other important outside care provider(s): |  |
| Date of Admission to LPCH: |  |
| Age  |  | G |  | P |  |  |  | EGA |  |  |  | singleton |  | multiples |  | Prior c/s |  |

***ALLERGIES: [ ]  NKDA [ ]  Other***

|  |  |
| --- | --- |
| **Labor status at transfer: Circle all that apply** |  |
| **LABOR Y N IS THIS PT LIKELY TO DELIVER IN LESS THEN 4 HOURS? Y N** |
| Cervical exam: |  | Reason for induction:  |  |
| Fluid: Intact / clear / mec / bloody |  | Date/Time of ROM |  |
| Ctx q min |  | Presentation: vtx / breech / other |  |
| Other |  | Anesthesia: None / Spinal / CSE / Epidural: Time placed |  |
| FHT Category 1 or 2 |  | Epidural In place Y N |  |
| On pitocin Y N time off  |  | Other |  |

|  |
| --- |
| **FETAL:** |
| ***[ ]  NO MEDICAL PROBLEMS*** |
| ***[ ]*** Anatomic lesion***[ ]*** Cardiac/Pulmonary/GI/Renal |
| ***[ ]*** Hydrops |
| ***[ ]*** Chromosomal  |
| ***[ ]*** Oligo/poly |
| ***[ ]*** IUGR/LGA |
| ***[ ]*** Other |
|  |
|  |
| **Placental:*****[ ]*** Previa |
| ***[ ]*** Accreta |
| ***[ ]*** Abruptio |
| ***[ ]*** Other |

GBS Y N

|  |
| --- |
| **MATERNAL:** |
| ***[ ]  NO MEDICAL PROBLEMS*** |
|  |
| Medical Illness: |
| ***[ ]*** PPROM Antibiotics Y/N Type \_\_\_\_\_ | last dose \_\_\_\_\_\_\_ |
| ***[ ]*** PTL tocolytics Y/N medication Type \_\_\_\_\_ | last dose \_\_\_\_\_\_\_ |
| ***[ ]*** BetamethasoneDate/time of 1st dose  | Date/time of 2nd dose \_\_\_\_\_\_\_ |
| ***[ ]*** Preeclampsia/Gestational HTN  | Magnesium Y/N |
| ***[ ]***  Antihypertensive meds Y/N medication \_\_\_\_\_\_ last dose given \_\_\_\_\_\_\_***[ ]*** DM GDM/IR  |
| Insulin dose: |  |
| AM  |  |
| PM  |  |
| Other |  |
| ***[ ]*** Chorioamnionitis  |
| Antibiotics:  | Medication | Last dose |  |

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferred to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_