

**Lucile Packard Children's Hospital
Disaster Patient Form L&D or AP**

ROOM # _____

Train Score:

Blue

Green

Yellow

Red

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: _____

Fluid: Intact / clear / mec / bloody

Ctx q _____ min

Other _____

FHT Category 1 or 2

On pitocin Y N time off _____

GBS Y N

Reason for induction: _____

Date/Time of ROM _____

Presentation: vtx / breech / other

Anesthesia: None / Spinal / CSE / Epidural:

Time placed _____

Epidural In place Y N

Other _____

MATERNAL:

NO MEDICAL PROBLEMS

Medical Illness:

PPROM

Antibiotics Y/N Type ____ last dose ____

PTL tocolytics

Y/N medication Type ____ last dose ____

Betamethasone

Date/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: _____

FETAL:

NO MEDICAL PROBLEMS

Anatomic lesion

Cardiac/Pulmonary/GI/Renal

Hydrops

Chromosomal

Oligo/poly

IUGR/LGA

Other

Placental:

Previa

Accreta

Abruptio

Other

Transferred to _____

MD Signature: _____