**Hospital :**

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

|  |
| --- |
| **Train Score:**  Yellow  Green  Red  Blue |
| **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 \_\_\_\_\_\_\_ | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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