

Emergency Transport Registered Midwife Record

CT0300 Appendix B

Primary Registered Midwife (RM) (name):

Second Attendant (name):

Reason for 911 call:

Transfer: Antepartum Intrapartum 1st stage Intrapartum 2nd stage Postpartum Newborn

Date/Time	1. Notification of Emergency
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	Call to Emergency Services 911 by whom (name)
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	ITT (Infant Transport Team) and/or ALS (Advanced Life Support) requested?
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	Arrival of Fire
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	Arrival EMS
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	Arrival of ITT/ALS
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Comments or concerns with emergency services:

Date/Time	2. BC Women's Delivery Suite 604.875.2165 Paging 604.875.2161 SPH Labour & Delivery 604.806.8349
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	Call to Charge Nurse (CN name):
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	If phone link to consulting physician(s) (physician's name):
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Comments or concerns with notification of receiving hospital/ staff:

Date/Time	3. Emergency Transport
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	Ambulance departed home for hospital: <input type="checkbox"/> RM on board
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	Ambulance arrived at hospital
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Comments or concerns with transport:

Date/Time	4. Hospital Admission
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	Mother admitted to: <input type="checkbox"/> Delivery Suite <input type="checkbox"/> Assessment Room <input type="checkbox"/> ER <input type="checkbox"/> Other
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	Newborn admitted: <input type="checkbox"/> to NICU <input type="checkbox"/> to IN <input type="checkbox"/> with mother <input type="checkbox"/> N/A
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	Verbal report given on admission to physician (name):
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	Transfer of care to consulting physician (name):
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Comments or concerns with admission:

Further comments/ feedback For extensive comments, please use a separate page.
 This form is intended for tracking the responsiveness and efficiency of emergency transports. As such, it is neither necessary nor advisable to include a clinical description of the emergency events.

6. Follow-Up - Department of Midwifery 604.875.2424, extension 5215

Reminder: Verbal report given to Department/ Assistant Head within 12 hours

<input type="checkbox"/> Left message for, OR <input type="checkbox"/> Spoke with (name)
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Reminder: Notify MPP if Reportable Outcome 1.250.952.0839

Please fax this form to: 604.875.3261 within 12 hours.
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Registered Midwife Signature:	Date:
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