

EMERGENCY TRANSPORT & HOME BIRTH IN PROGRESS NURSE RECORD

PROCEDURE

Registered Nurse	(RN) – When Reg	gistered Midwife	(RM) report	s a home	birth in p	rogress,	record
information below:	check if deliver	red.					

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Date/Time	/Time RN taking call			RM name	RM pager/cell #					
Client Name		Deritor	C	atus at time of call		Dalia and				
Client Name		Parity	Status at time of call			Delivered: Home Hospital				
If emergency transport occurs, fill out remainder of form:										
Transfer of Mother:		☐ Intrapartum ☐ Postpartum ☐ Newborn								
Date/Time	1. Notification of Emergency									
	Call to BC Women's UCC Nurse (UCC RN) (name):									
	Request by	Request by RM to speak with consulting physician(s) (name):								
	Verbal rep	Verbal report to consulting physician by UCC RN (name):								
	Preadmission records prepared/pulled									
Problems or concerns:										
Date/Time	2. Emerge	2. Emergency Transport and Admission								
	Ambulance	Ambulance arrived at hospital:								
	Mother adı	Mother admitted to: Labour & Delivery Birthing Suites Postpartum								
	Newborn admitted:									
Problems or concerns:										
Date/Time	This form is i	3. Comments 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.								
Date/Time	4. Follow-	4. Follow-Up								
	Fax this fo	orm to Departme	ent	of Midwifery: 604-875-3	261 withi	n 12 hours				
This form is for the sole use of the intended recipient(s) and contains confidential and privileged information. Any unauthorized use, disclosure or distribution is prohibited. If you are not the intended recipient please contact the sender and destroy all copies.										
UCC Nurse Signature:			Date:							

Effective Date: 05-FEB-2018 Revision Date: 05-FEB-2021