

Checklist for Maternal Transport

Complete prenatal record.

Prenatal lab tests

- CBC
- Blood type, Rh, and all antibody screens
- Genetic screens (cystic fibrosis, triple, quadruple, nuchal transparency)
- Genetic diagnostic testing (amniocentesis, chorionic villus sampling)
- VDRL
- Rubella Titre
- Hepatitis Screen
- Glucola Screen
- PAP
- Group B Strep Cultures
- Chlamydia
- HIV
- Drug screens
- Other

Reports

- All sonograms
- All biophysical profiles
- EKG's
- pertinent fetal monitor strips

History and physical examination

1. BP, pulse, respirations, temperature. Fetal heart rate and reactivity
2. Head
3. Heart
4. Abdominal Examination
 - a. contractions
 - b. fetal heart
 - c. tenderness
5. Pelvic examination
 - a. presentation
 - b. dilatation
 - c. station
 - d. status of membranes
 - e. bleeding
 - f. discharge

Summary of treatment/procedures prior to and during transport:

- Copy of complete record for this hospitalization, including all lab tests done at referring hospital
 - Physician's notes
 - Nurses' notes
 - 24 hr urine
 - Liver Enzymes
 - Electrolytes
 - Uric acid
 - Thrombophilia panel

Drugs Dose, route, date, time

Check if Medicine Administration Record is attached

**Summary of treatment/procedures prior to and during transport continued:
(The following is also on Maternal Transport Nurses Notes if used)**

IV Site # 1

Location _____ Date/Time inserted _____ / _____ Type _____ Gauge _____ Length _____
Bag # 1 Type Fluid _____ Amount Started _____ Time Started _____ Medication _____
Added _____ Rate _____ Infusion Pump Used _____

Bag # 2 Type Fluid _____ Amount Started _____ Time Started _____ Medication _____
Added _____ Rate _____ Infusion Pump Used _____

IV Site # 2

Location _____ Date/Time inserted _____ / _____ Type _____ Gauge _____ Length _____
Bag # 1 Type Fluid _____ Amount Started _____ Time Started _____ Medication _____
Added _____ Rate _____ Infusion Pump Used _____

Bag # 2 Type Fluid _____ Amount Started _____ Time Started _____ Medication _____
Added _____ Rate _____ Infusion Pump Used _____

Total Intake prior to transport: _____ IV _____ PO

Oxygen: Face mask _____ NC _____ Liters/min. _____ Time started _____

Steroids for fetal lung maturity:

1st dose date/time _____ / _____ agent _____ dose _____
2nd dose date/time _____ / _____ agent _____ dose _____

Urinary Catheter:

Type _____ size _____ Date/Time inserted _____ / _____ Amount emptied prior to transport: _____
Urine dip _____ / _____ / _____ / _____ / _____

Total urine output last 24 hours: _____