Addressograph or sticker with patient name, number and/or DOB

Maternal Transport Notes

IV Site # 1_____ 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_____ Date/Time inserted _____/_____ Type_____ Gauge _____Length_____
Bag # 1 Type Fluid_____ Amount Started_____ Time Started _____ Medication Added_____ Rate_____ Infusion Pump Used _____
Bag # 1 Type Fluid_____ Amount Started_____ Time Started _____ Medication Added_____ Rate_____ Infusion Pump Used _____

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 ____/____/___/____/____
(Blood /protein / sugar/ ketones / nitrates)

Date/ time of departure from referring hospital: _____/_____ Maternal Temperature at start of transport: _____
Date / time of arrival at Tertiary Center: _____/_____

DATE/TIME	MOTHER'S POSITION	FHR	BP	P	R	Reflexes	CONTRACTIONS (Frequency, Length , Intensity)	NOTES AND MEDICATIONS

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