

Consult, Transport & Transfer or Care

A brief intro for HIVE



December 19, 2021

Consults, Transfer of Care & Transport:

Recognizing our scope & expertise and knowing when, how, and from whom to get help for our clients

Who Defines our Scope?

At the end of the day, it behooves us to be as skilled as possible and for our clients to trust us as much as possible. AND it is reasonable to have boundaries in our care

Additionally, scope may be defined by:

- Our licensing body
 - Community Standards
 - Personal Knowledge, Skills
 - Client Desire, Refusal
-

Consulting

WHO

- Midwives
- OB/GYN
- Holistic Professionals
- Pediatrician
- Emergency Care

WHEN

When we need a second opinion, but are not yet ready to transfer care

- Running our care plan by someone else with more expertise
- Asking a limited client care question
- Limited in-person consult

HOW

May differ in community, or by personal connection.

- Defined consulting relationship
- Cold Call Consult
- Colleagues
- Emergency Call

Transfer of Care

WHO

- OB/GYN
- Pediatrician
- Emergency Care

WHEN

When care is beyond our skill or unsafe at home

- Obstetrical Complications
- Neonatal Complications
- Type of Birth (AVD, C/S)

HOW

May differ in community, or by personal connection.

- Emergency Call
- Call to Hospital L&D
- Referral in community to OB
- Referral in community to Pediatrician

Transport

Semi-Urgent

In labor, immediate postpartum when a situation needs alternate care but is not an emergency (example: wants epidural)

Transport Plan

- Usually okay to go by client's car
- Consider liability if you transport in your car with client

Urgent

In labor, immediate postpartum when situation is an emergency, needs urgent attention (ex: advanced resuscitation)

Transport Plan

- Call ambulance (911)
- Have directions for ambulance
- Nearest Hospital with capabilities
- Have SBAR ready / Call ahead

Discussing with Clients

Prenatally

- Deeper discussion of conditions that would transfer care in pregnancy
- Time to go over common birth complications
- Discuss plans for hospital transport if needed

In Labor

- Brief Discussion / Emergency Management
- Clear, Concise Instructions

Debrief

- Revisit & Debrief what happened when all is well and calm

Smooth Transport

Ambulance Prep Sheet

Prep prenatally or while in early labor.

Ambulance Prep Sheet

- NEON single sheet of paper
- Client Full name, Partner name
- Address
- Closest Intersection
- Closest Appropriate Hospital

Call Ahead to Receiving Hospital

Ideally, have the phone number for receiving hospital saved in your phone: include L&D, Emerg, Pediatrics

Giving Report

- Explain Presenting Complaint
- Explain who needs to be ready to receive & what care needed
- Explain coming in by Ambulance (emerg) - need direction

Giving Report: Parent

Typically to an RN
Sometimes to OB or MFM

Hi, I'm _____ (Name), Midwife.

This is _____ (client), and we're here because [PRESENTING ISSUE].

[Client] is a G[#]P[#], [#]w[#d] pregnant, GBS [+/-], SRM/AROM at [time].

[Client] has a history of [xyz].
Pregnancy has been
[uncomplicated][complicated by...].

Client has had full prenatal care by midwife, was planning a homebirth.

Giving Report: Baby

Typically to an RN
Sometimes to OB or Ped

Hi, I'm _____ (Name), Midwife.

This is Baby [Parent last name], and we're here because [PRESENTING ISSUE].

[Client] is a G[#]P[#], [#]w[#d] pregnant, GBS [+/-], [Client] has a history of [xyz]. Pregnancy has been [uncomplicated][complicated by...].

Birth was at [time] through [clear?] waters. Labor was [uneventful?]. APGARs were [#/#]. [Reason we are here...]

SBAR: Giving Report

S

- **Situation**
- Immediate Needs, Presenting Problem

B

- **Background**
- Relevant to the current situation, pregnancy

A

- **Assessment**
- Your recent assessments, your take on situation

R

- **Request**
- Specific, tangible request : “transfer of care”

Handover Sheets

Also ensure client chart is available



HBS COLLABORATION TASK FORCE- MATERNAL TRANSFER FORM

Patient's Full Name: _____ Weeks Gestation: _____ Date/Time: ____/____/____
 Age: ____ G ____ P ____ EDD: _____ Based on: LMP/Conception Dating Ultrasound
 Referring Provider: _____ Contact: (____) _____
 Name of person receiving call: _____ Time Called: _____
 Does receiving hospital have medical records? YES NO UNKNOWN
 Medical Records Included: # pages _____

SITUATION and Reason for Transport

Status at Time of Transport: Stable Unstable

| | | | | | |
|--|--|---|--|--|--|
| FHTs: | | Cta Pattern: | | Mode of Transport: | |
| Dilation/Station: | | BP: ____/____ | | <input type="checkbox"/> Private Vehicle <input type="checkbox"/> EMS <input type="checkbox"/> Other | |
| Last food/fluid PO (date/time): | | Temp: ____ Pulse: ____ | | EMS Staff | |
| Last Void Time: ____:____ | | Ultrasound Findings: | | Called: _____ Arrived: _____ | |
| IV Gauge: | | Time at hospital door: ____:____ | | Departed: _____ | |
| Total infused prior to transport: | | Time at L&D room: ____:____ | | Time Hospital Provider Received ____:____ | |
| Labor History: | | Birth: (date/time): ____/____/____ | | Time verbal report: ____:____ | |
| Latent Onset: (date/time): ____/____/____ | | Placenta: (date/time): ____/____/____ | | | |
| Active Onset: (date/time): ____/____/____ | | EBL: ____ | | | |
| 2 nd Stage Onset: (date/time): ____/____/____ | | Fluid: <input type="checkbox"/> CLEAR <input type="checkbox"/> MECONIUM <input type="checkbox"/> BLOODY | | | |
| AROM/SROM: (date/time): ____/____/____ | | Lacerations: NO YES, Details _____ | | | |

BACKGROUND
 Current Pregnancy Complications: _____
 Significant Medical History: _____
 Prior Pregnancy Outcomes: _____
 NKDA, Allergies: _____ Height / Weight: ____/____
 Current Medications/Supplements: _____
 Blood Type: ____ BP Baseline: ____/____ GDM Testing: YES NO Hct: ____ (date: ____)
 ALERTS: Rh- HSV+ Rubella Non-Immune HEP B+ HIV+
 GBS Unknown GBS+ GBS- (date: ____)

ASSESSMENT: _____

RECOMMENDATION: _____



HBS COLLABORATION TASK FORCE- NEWBORN TRANSFER FORM

Patient's Full Name: _____ Male Female Date/ Time: ____/____/____
 Mother's Full Name: _____ Phone # (____) _____ EDD: _____
 Referring Provider: _____ Phone # (____) _____ Gestation: _____
 Referred to: _____
 Does receiving hospital have maternal/ prenatal records? YES NO UNKNOWN
 Medical records included: # Pages: _____

SITUATION and Reason for Transport

Status at Time of Transport: Stable Unstable

Mode of Transport: Private Vehicle EMS
 Time arrival at hospital: ____:____
 EMS Staff: _____ Time Hospital Provider Received ____:____
 Called: _____ Arrived: _____ Departed: _____ Time verbal report: ____:____

Labor History: Birth: (date/time): ____/____/____
 Latent Onset: (date/time): ____/____/____ Placenta: (date/time): ____/____/____
 Active Onset: (date/time): ____/____/____ EBL: ____
 2nd Stage Onset: (date/time): ____/____/____ Fluid: CLEAR MECONIUM BLOODY
 AROM/SROM: (date/time): ____/____/____ Complications: NO YES, Details _____

NEWBORN TRANSITION: RESUS SUCTION O2 PPV CHEST COMPRESSIONS
 NEWBORN EXAM: Birth Weight: _____ APGAR: 1MIN: _____ 5 MIN: _____ 10 MIN: _____
 Significant Findings: _____

Last VS: Time: _____ Heart Rate: _____ Resp. Rate: _____ Temp: _____ SpO2: _____
 Feeding Concerns: _____ Blood Glucose: _____ Last Feed (time): ____:____
 Eye Tx Vitamin K (IM/ Oral) CCHD Screening Metabolic Screening

MATERNAL BACKGROUND
 Current Pregnancy Complications: _____
 Significant Medical History: _____
 Prior Pregnancy Outcomes: _____
 NKDA, Allergies: _____ Height / Weight: ____/____
 Current Medications/Supplements: _____
 Blood Type: ____ BP Baseline: ____/____ GDM Testing: YES NO Hct: ____ (date: ____)
 ALERTS: Rh- HSV+ Rubella Non-Immune HEP B+ HIV+
 GBS Unknown GBS+ GBS- (date: ____)

ASSESSMENT: _____

RECOMMENDATION: _____

Practice / Personal Debrief and Audit

After Action Report

Standard Tool typically used in drills and practice scenarios to debrief what we learned, what to do better, etc. Overview, Strengths, Improvements, Specific Take-Aways.

Near Miss Audit

Standard Tool typically used in cases where there was a “near-miss” morbidity and mortality situation. To learn what saved the patient and how to ensure similar care.

Liability

Important all details of an incident written down as soon as possible for clearest memory.

Peer Review, Personal Support

Peer Review

For community accountability and the input / learning of your peers

Basic Presentation

- Present the facts of the case
- Good to lead with the outcome/presenting issue
- Strict confidentiality of identities
- What you best learned
- Seeking Input from colleagues

Personal Support

Good to have a safe person in your life to talk with, good for this to be someone outside your home when possible

- Strict confidentiality of identities & details, only general themes and personal stressors
- NO posting on social media