

Emergency Transport Plan Template

Midwife or Midwife Practice Name and phone: _____

Client Name: _____ Date of Birth: _____ Due Date: _____

911 Address: _____ Ph: _____

Back-up Physician: (y / n) Name: _____ Ph: _____

Emergency Contact: _____

Allergies? (Y/N) If yes: _____

Would you accept a blood transfusion? (Yes/No)

First Child (Yes/No) If no, how many previous children? _____

Please Note: Unless you specify a back-up physician, you will be cared for by the physician who is on-call at the facility you are transported to.

Preferred Emergency Hospital (usually closest hospital with OB services):

Hospital name: _____ Ph: _____

Address/directions: _____

Approx. Drive time: _____ minutes / _____ miles NICU: (y / n)

Problem List for Transferring Physician

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Arrangements for transport:

In the event of an emergency transfer requiring EMS, 911 will be dialed and request transport to the hospital. The EMS crew will choose the appropriate hospital, but the midwife team will inform them of your choice of emergency hospital. When possible, the midwife will continue to provide care until the hospital is reached.

In the event of an urgent transfer made by private vehicle, transport will be made to your choice of emergency hospital. When possible, the midwife will remain with you during the transfer.

In the event of a non-emergency transfer where time permits, the midwife team can plan to transfer to a different hospital of your choice.

Preferred Non-Emergency Hospital (if different than hospital listed above):

Hospital name: _____ Ph: _____

Address/directions: _____

Approx. Drive time: _____ minutes / _____ miles NICU: (y / n)

Client Signature: _____ Date: _____

Partner Signature (if applicable): _____ Date: _____