## Health Sciences North/Horizon Santé Nord

Date: Time:	
Patient name:	
Date of birth:	
Health Card #: Telephone #:	
Gravida: Para: EDC:	Gestation: MRP:
REASON FOR CALL	<u></u>
☐ Labour suspected ☐ Preterm labour suspected	☐ Contractions: q min x sec ☐ Regular ☐ Irregular  Started at: Pain:/10  Intensity: ☐ Mild ☐ Moderate ☐ Strong  Bleeding: ☐ Yes ☐ No  Fetal movement: ☐ Yes ☐ No
☐ Rupture of membranes	Hx of Preterm Labour:
☐ Decreased fetal movement Inform patient to count fetal movement x 2 hours, minimum 6 movements in 2 hours	Last felt baby move (time):  Contractions:  Yes  No  Vaginal discharge:  Pregnancy complications:  Yes  No
□ Bleeding	Date: Time: Colour: □ Red □ Pink □ Brown Fetal movement: □ Yes □ No Placenta previa: □ Yes □ No Recent vaginal exam: □ Yes □ No Recent sexual intercourse: □ Yes □ No
Other  Hypertension Nausea / Vomiting / Diarrhea  Headache Fall / Car accident	Pregnancy complications:
☐ Requesting information on upcoming induction / labour / Caesarean Section	Fetal movement:
ADVICE GIVEN/FOLLOW UP  Come to the Birthing Centre immediately	TEACHING
Date and time arrived at Birthing Centre  Go to the Emergency Department immediately  Come for an assessment if the problem persists  Come to the Birthing Centre at hours  Contact MRP	☐ Early labour vs. Active labour ☐ Comfort measures ☐ Fetal movement count ☐ www.hsnsudbury.ca/birthingcentre ☐ Other:
RESPONSE  ☐ Patient agrees with plan/advice given ☐ Patient will come to Obstetrical triage if concerns persist or changes occur ☐ Other	
Legend: HELLP - Hemolysis, Elevated Liver Enzymes, Low Platelets  DATE: SIGNATURE OF RN/MIDWIEE/PHYSICIAN:	