

COORDINATION ALGORITHM FOR FOETOMATERNAL AND HIGH RISK PREGNANCY PREGNANT WOMAN TRANSFER

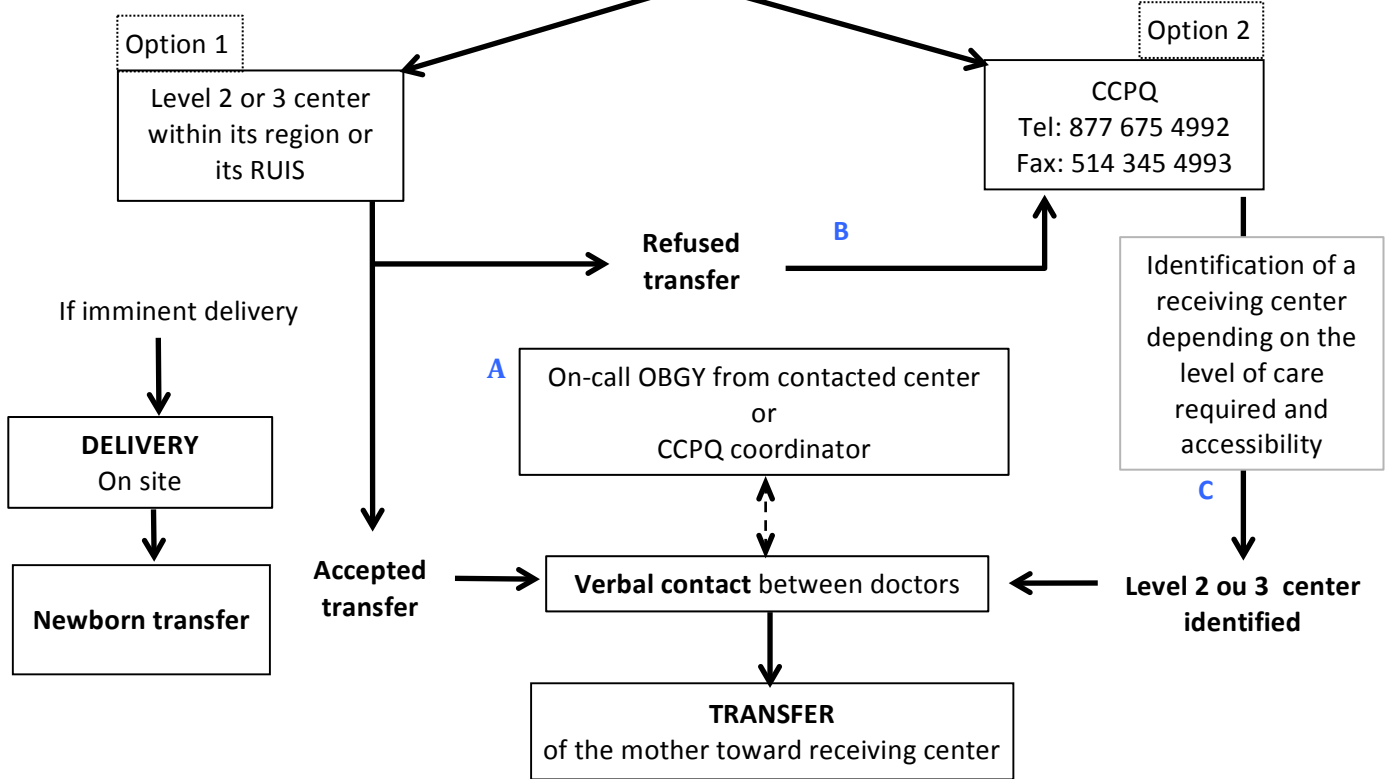
From a referral center
 - level 1 or
 - level 2 or
 - level 3 overflow

Toward a level 2 or 3 center
 - For her medical condition or
 - For management of her unborn newborn

The doctor from the referral center wishes to transfer a mother with high-risk pregnancy

Contact by phone one the following 2 options
 Fax the transfer form to the selected option

MANDATORY



- A.** If the on-call OBGY from contacted center guard is not available or if direct call to CCPQ, the CCPQ coordinator will be called if delay in identifying a receiving center
- B.** The center refusing the transfer must contact the CCPQ and fax the transfer sheet from referring center to the CCPQ
- C.** After 2 transfer refusals managed by CCPQ, the CCPQ coordinator (OBGY or neonatal depending on the area where access is difficult) will be called

CUSM (RVH) T : 514-934-1934 #35006 OU 514-843-1592 / FAX 514-843-1744
Jewish General H T : 514-340-8277 / FAX 514-340-7505
CHU Ste-Justine T : 514-345-4701 / FAX 514-345-4813
H M-Rosemont T : 514-252-3447 OU 514-252-3400 # 6784 / FAX 514-252-3580
CHU Québec T : 418-525-4444 #72600 / FAX 418-577-2056
CHU Sherbrooke T : 819-346-1110 #14660 / FAX 819-820-6441
CCPQ T : 1-877-675-4992 OU 514-345-4992 / FAX : 514-345-4993

Pierre-Boucher T; 450-468-8111 # 82304 / FAX: 450-468-8075
Pierre Le Gardeur T: 450-654-7525 # 12155 / FAX: 450-582-9542
Cité de la Santé T: 450-668-1010 # 23569 / FAX: 450-975-5362
St-Jérôme T: 450-431-8442 / FAX: 450-431-8441
CHUM St-Luc T: 514-890-8000 # 8326 OU #34332 / FAX: 514-412-7256
Gatineau T: 819-966-6395 / FAX: 819-966-6154
Trois-Rivières T: 819-697-3333 # 69858 / FAX: 819-371-5000
Rimouski T: 418-723-7851 # 8446 / FAX: 418-724-8198
Chicoutimi T: 418-541-1000 # 2362 / FAX: 418-541-7036
Rouyn T: 819-764-5131 # 43260 / FAX: 819-764-2941

Maternal transfer request to level 2 ou 3 center : To be completed one time by referral center

LEVEL 3	<input type="checkbox"/> CHU Ste-Justine	LEVEL 2	<input type="checkbox"/> Pierre-Boucher	<input type="checkbox"/> Trois-Rivières	<input type="checkbox"/> Rimouski	<input type="checkbox"/> CCPQ
	<input type="checkbox"/> CUSM – RVH		<input type="checkbox"/> Pierre Le Gardeur	<input type="checkbox"/> CHUM St-Luc	<input type="checkbox"/> Chicoutimi	
	<input type="checkbox"/> Jewish General H	<input type="checkbox"/> CHU Québec	<input type="checkbox"/> Cité de la Santé	<input type="checkbox"/> Gatineau	<input type="checkbox"/> Rouyn	
	<input type="checkbox"/> H Maisonneuve-Rosemont	<input type="checkbox"/> CHU Sherbrooke	<input type="checkbox"/> St-Jérôme			
Date of call: _____ Hour _____			File number _____			
Referral center: _____			Name of mother _____			
Name of obstetrician & contact :			Chronologic age _____			
Telephone number: _____			Gestational age _____ weeks ____ days			
PRIORITY : <input type="checkbox"/> Immediate <input type="checkbox"/> As soon as possible			Reason of transfer :			
G ____ T ____ P ____ A ____ V ____ LMP/EDD ____/____			<input type="checkbox"/> Premature labor <input type="checkbox"/> Placental abruption <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Praevia <input type="checkbox"/> Bleeding <input type="checkbox"/> IUGR <input type="checkbox"/> Fœtal <input type="checkbox"/> Malformation <input type="checkbox"/> Rupture of membranes <input type="checkbox"/> Other - Date and hour of rupture :			
Additional Informations :						
Labor : Contraction q _____ minutes, since _____						
Vital Signs	BP	HR	RR	O ₂ Sat	Temp	
Exam	Cervix Dilatation / Thinning / Station _____/_____/_____ Presentation: _____		Fetal well-being <input type="checkbox"/> Normal <input type="checkbox"/> Atypical /Abnormal → FAX THE PLOT Specify :			
Received treatments (Spécify)	<input type="checkbox"/> Tocolysis					
	<input type="checkbox"/> Steroïdes		1rst dose at			
	<input type="checkbox"/> Antibiotics		1rst dose at			
	<input type="checkbox"/> Magnesium		Begin at			
	<input type="checkbox"/> Other					
Final Orientation	<input type="checkbox"/> Accepted <input type="checkbox"/> Refused, specify reason :					
Accepting MD			Signature MD			
Date of arrival			Hour of arrival			