

Telephone record tool

If you use an electronic record system (e.g. BOS), please also document details of telephone call there											
Identify	Confirm 1st CALL (commence a new form if earlier call/s were more than 24 hours ago). If not, locate notes from previous call/s Date of call ____ / ____ / ____ Time _____ AM / PM Caller Woman <input type="checkbox"/> Other (specify) _____ Interpreter required? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise woman to come to hospital										
Situation	Reason for call _____ Proximity to hospital or care provider _____ Access to transport YES <input type="checkbox"/> NO <input type="checkbox"/> Support person present YES <input type="checkbox"/> NO <input type="checkbox"/> Confirm phone number _____										
Background	Booked at this hospital YES <input type="checkbox"/> NO <input type="checkbox"/> Model of care _____ Gravida ____ Parity ____ EDB ____ / ____ / ____ Gestation ____ /40 Presentation _____ Previous precipitous labour YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Previous caesarean section YES <input type="checkbox"/> NO <input type="checkbox"/> Multiple pregnancy YES <input type="checkbox"/> NO <input type="checkbox"/> GBS status: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/> Blood group _____ Date of last Anti D if applicable ____ / ____ / ____ Obstetric complications _____ Medical conditions _____ Relevant history _____										
Assessment	<table border="1"> <thead> <tr> <th>Questions</th> <th>Advice prompt</th> </tr> </thead> <tbody> <tr> <td> Fetal movements: NORMAL <input type="checkbox"/> change in normal pattern of movement <input type="checkbox"/> </td> <td> <ul style="list-style-type: none"> If reduced, absent or change (strength, pattern or frequency) in fetal movements advise the woman to present within 2 hours for assessment </td> </tr> <tr> <td> Vaginal blood loss: NO <input type="checkbox"/> YES <input type="checkbox"/> </td> <td> <ul style="list-style-type: none"> If any bleeding advise the woman to come to hospital </td> </tr> <tr> <td> Membranes: Intact <input type="checkbox"/> Unsure if liquor loss <input type="checkbox"/> Ruptured <input type="checkbox"/> If so Date ____ / ____ / ____ Time _____ hrs Liquor colour _____ </td> <td> <ul style="list-style-type: none"> If unsure and no risk factors, advise the woman to put on a pad and observe for 1 hour, then call back If ruptured and no risk factors, advise to present to hospital (within 12 hours of ROM) for assessment/management plan To present as soon as possible, without unnecessary delay <ul style="list-style-type: none"> – if ROM and liquor is not clear – if ROM and GBS positive – if ROM greater than 12 hours – if ROM and less than 37 weeks gestation </td> </tr> <tr> <td> Contractions: NO <input type="checkbox"/> YES <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> Contractions began: _____ Contraction frequency and duration _____ Abdo pain: unsure if contractions <input type="checkbox"/> Comments: _____ </td> <td> <ul style="list-style-type: none"> If early labour and no risk factors, advise the woman to call back when contractions are frequent, regular and increasing in intensity <ul style="list-style-type: none"> – if she is comfortable to do so To present as soon as possible, without unnecessary delay <ul style="list-style-type: none"> – if early labour and known fetal risk factors (eg. FGR) – if less than 37 weeks gestation – if in established labour – if previous caesarean and contractions – if suspected prolonged latent phase (>20hrs nullip. or >14hrs multip.) </td> </tr> </tbody> </table>	Questions	Advice prompt	Fetal movements: NORMAL <input type="checkbox"/> change in normal pattern of movement <input type="checkbox"/>	<ul style="list-style-type: none"> If reduced, absent or change (strength, pattern or frequency) in fetal movements advise the woman to present within 2 hours for assessment 	Vaginal blood loss: NO <input type="checkbox"/> YES <input type="checkbox"/>	<ul style="list-style-type: none"> If any bleeding advise the woman to come to hospital 	Membranes: Intact <input type="checkbox"/> Unsure if liquor loss <input type="checkbox"/> Ruptured <input type="checkbox"/> If so Date ____ / ____ / ____ Time _____ hrs Liquor colour _____	<ul style="list-style-type: none"> If unsure and no risk factors, advise the woman to put on a pad and observe for 1 hour, then call back If ruptured and no risk factors, advise to present to hospital (within 12 hours of ROM) for assessment/management plan To present as soon as possible, without unnecessary delay <ul style="list-style-type: none"> – if ROM and liquor is not clear – if ROM and GBS positive – if ROM greater than 12 hours – if ROM and less than 37 weeks gestation 	Contractions: NO <input type="checkbox"/> YES <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR <input type="checkbox"/> Contractions began: _____ Contraction frequency and duration _____ Abdo pain: unsure if contractions <input type="checkbox"/> Comments: _____	<ul style="list-style-type: none"> If early labour and no risk factors, advise the woman to call back when contractions are frequent, regular and increasing in intensity <ul style="list-style-type: none"> – if she is comfortable to do so To present as soon as possible, without unnecessary delay <ul style="list-style-type: none"> – if early labour and known fetal risk factors (eg. FGR) – if less than 37 weeks gestation – if in established labour – if previous caesarean and contractions – if suspected prolonged latent phase (>20hrs nullip. or >14hrs multip.)
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Notes	_____ _____ _____										

QUESTION: Is the woman happy with the advice and information? Including advice to stay at home YES NO
If not or if she declines to attend hospital when advised, document details of the conversation in the woman's medical record and inform a medical officer.
 Does she have the direct phone number for the maternity unit? YES NO

Name _____ Signature _____ Designation _____

Telephone record tool

2nd call	Date of call ____ / ____ / ____ Time _____ AM / PM Caller Woman <input type="checkbox"/> Other (specify) _____ Interpreter required? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise woman to come to hospital	
Situation	Is this the same complaint as previous phone call? YES <input type="checkbox"/> NO <input type="checkbox"/> Reason for call/ What has changed? _____ Proximity to hospital or care provider _____ Access to transport YES <input type="checkbox"/> NO <input type="checkbox"/> Support person present YES <input type="checkbox"/> NO <input type="checkbox"/>	
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Notes	_____ _____	
3rd phone call (within 24 hours) Invite the woman in for assessment		
Notes	_____ _____	

QUESTION: Is the woman happy with the advice and information? Including advice to stay at home YES NO
If not or if she declines to attend hospital when advised, document details of the conversation in the woman's medical record and inform a medical officer.

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