

Transfer Checklist for Cardiac Concerns

The following checklist offers strategies for a clear pathway for transfer to higher level of care, regardless of insurance status.

WHO: People with cardiac concerns in pregnancy or postpartum

All routine transfer information, PLUS:

Additional specific cardiac components:

SBAR

- SITUATION
- MAIN cardiac CONCERNS
- Create a formal preceptorship agreement
- Main pregnancy concerns

Available ob/gyn services at current location:

- NICU PERINATAL MATERNITY LEVEL OF CARE (I/II/III)
- Maternal PERINATAL MATERNITY LEVEL OF CARE (I/II/III)

NEEDS for HIGHER LEVEL OF CARE

- ICU/CICU

Yes / No

- Currently intubated, intubation anticipated
- Current ECMO or anticipated need
- Hypertensive GTT ongoing or anticipated
- Specialty cardiac services needed (Transplant, interventional, IP)
- Specialty obstetrical services needed (MFM)
- NICU access needed (GA >22 weeks), what level?

COMMUNICATION

- POINT PERSON at CURRENT LOCATION
- POINT PERSON AT accepting TRANSFER LOCATION

