

BadgerNet

Obstetric User Guide

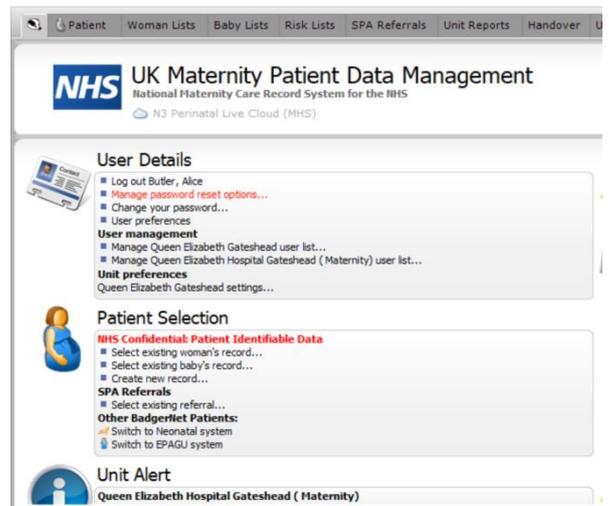


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Navigating the system

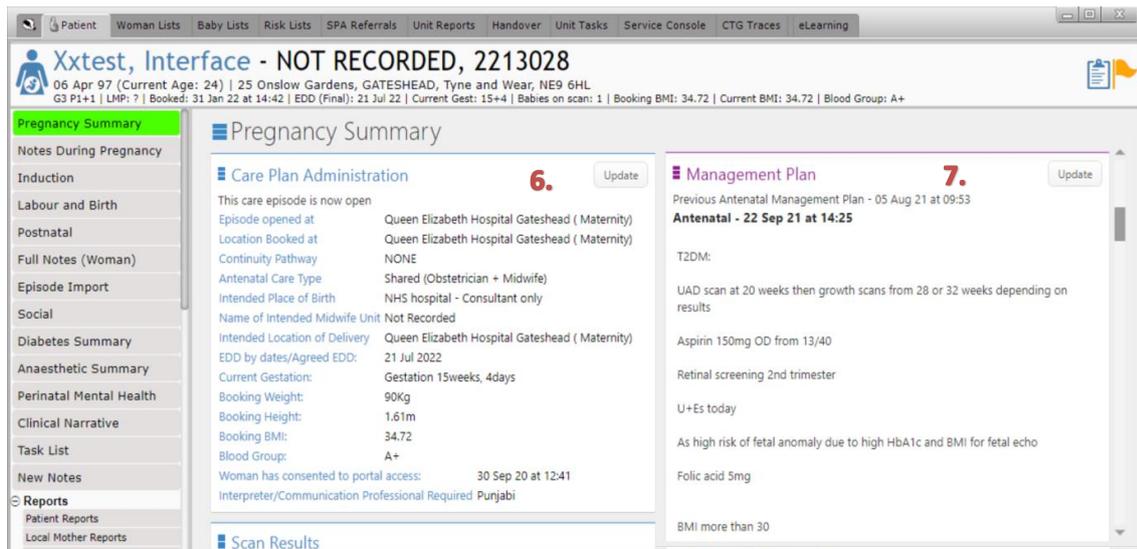
1. Log in or out here
2. 'Select existing woman's record' – select this to get to the search page



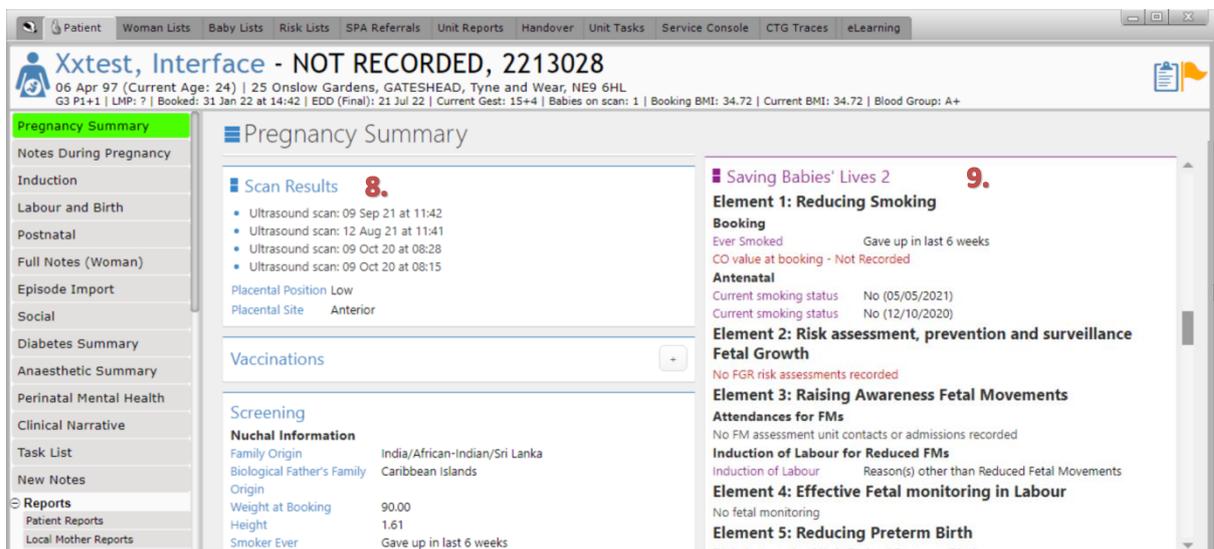
Pregnancy Summary

1. **Patient banner** – Lists the patient's demographic details and pregnancy details. If a yellow flag appears on the far right of banner this highlights there is a safeguarding or social concern, please refer to the social tab for more details.
2. **Key details clipboard icon** – selecting this reveals personal boeing information including language spoken, name of father or next of kin, occupation and also summary of antenatal screening.
3. **Obstetric history** – includes details of previous pregnancies, entered by the community midwife at boeing.

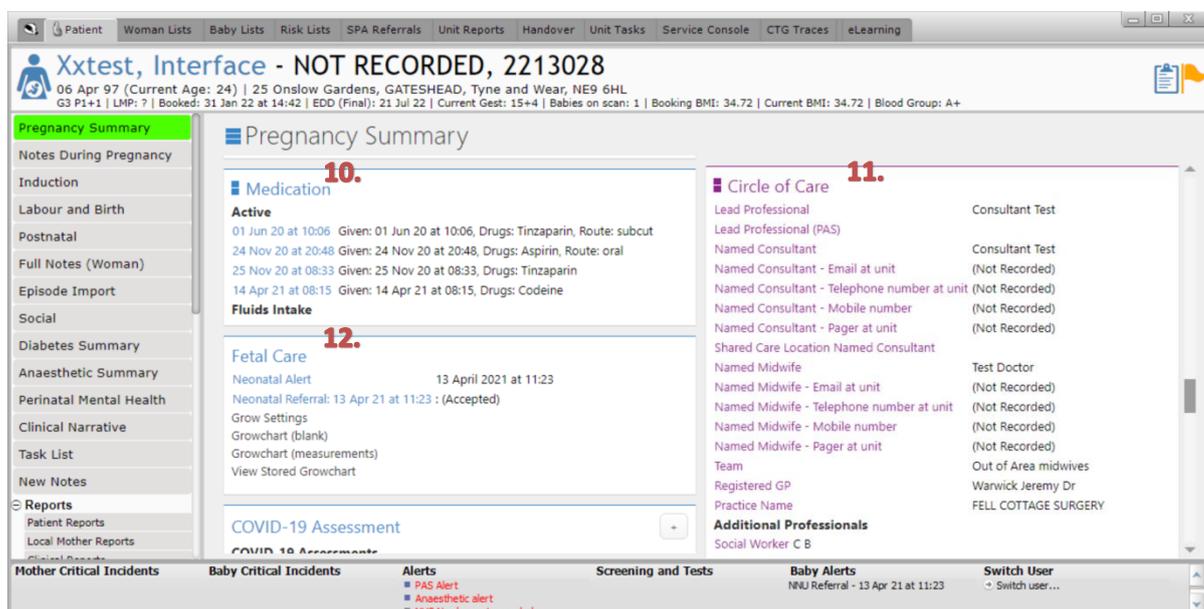
- Health history at booking** – contains a list of medical and health details, if you identify that there is something missing, please click on any of the text and update with the relevant condition.
- Risk factors and health history** – will display the most recent and up-to-date risk assessment. You should update this at every contact; in the ANC, via the ‘obstetric antenatal clinic’ form, and at any other contact, by filling in the form ‘risk assessment’. For example if you review a patient and diagnose pre-eclampsia, this should be added. This box also includes VTE risk assessment and Fetal Growth and Pre-eclampsia (aspirin) risk assessment which should be updated regularly.



- Care plan administration** – you will find the intended place of delivery (ie. ensure it is at the RVI) and also if they are cared for by any continuity midwifery teams.
- Management plan** – This is where the management plan you write in the antenatal clinic will display. It will also show the most recent one completed. You can review old plans by clicking on the link to the previous management plan, or you can read all previous ones on full notes.



8. **Scan results** – to look at scan reports select each one and the full report will open.
9. **Saving Babies' Lives 2** – highlights recommendations based on SBLV2. If you notice red text it is highlighting something has not been completed then please ensure this is performed.



10. **Medication** – Cerner will continue to be used for electronic prescribing, therefore prescribing and recording of all medication administration should be done there. However, it is helpful for the whole MDT to have an overview of medication, in the antenatal period especially, without having to search through lots of text in management plans. Please use the 'medication' note and add a medication the patient tells you she is on or you prescribe and then this will appear on the pregnancy summary.
11. **Circle of care** – here you'll find the named consultant, midwife, GP and surgery and any additional professionals.
12. **Fetal care** – includes a neonatal alert, if a referral has been sent (see referrals section) and a link to the growth chart, press grow chart (measurements) and this will open.

The screenshot displays the 'Xttest, Interface - NOT RECORDED, 2213028' for a patient with a current age of 24. The interface is divided into several sections:

- 17. Enter new note search bar:** Located at the top left of the main content area.
- Pregnancy Summary:** The main content area, which includes:
 - 13. Obstetric Notes:** A list of notes such as 'VTE Assessment', 'Antenatal Management Plan', 'Clinical Note', 'Communication', 'Breech Management and ECV', 'Fetal Blood Sampling (FBS)', 'Surgical Intervention', 'Postnatal Management Plan', 'Obstetric Review: 29 Oct 20 at 09:14', 'Obstetric Review: 24 Nov 20 at 21:38', 'Specialist Review', 'Social Issues', 'Obstetric Antenatal Clinic', 'Obstetric Antenatal Clinic: 24 Nov 20 at 21:38', 'Obstetric Antenatal Clinic: 13 Apr 21 at 10:51', 'Obstetric Antenatal Clinic: 13 Apr 21 at 10:55', 'Obstetric Antenatal Clinic: 16 Apr 21 at 07:08', 'Obstetric Antenatal Clinic: 05 Aug 21 at 09:53', 'Obstetric Antenatal Inpatient Review', and 'Postnatal Ward Round'.
 - 14. Upcoming Appointments:** A section showing a list of appointments, including 'Anaesthetic (01 Dec 20 at 09:07)', 'USS (01 Dec 20 at 09:06)', 'Health Visitor (01 Dec 20 at 09:05)', 'fetal med referral test Referral (03 Nov 20 at 10:55)', 'Fetal Medicine (03 Nov 20 at 10:50)', 'Notification of DNA for GP and Health Visitor Referral (12 Oct 20 at 11:47)', 'Anaesthetic (29 Sep 20 at 01:06)', 'Anaesthetic (29 Sep 20 at 00:48)', and 'Obstetric (09 Sep 20 at 17:18)'.
 - 15. Scanned Documents:** A section showing scanned documents, including '18 Nov 20 at 09:25: Perinatal Mental Health', '18 Nov 20 at 09:37: Birth Plan Arrangements', and '25 Nov 20 at 08:30: Drug Kardex'.
- 16. Alerts bar:** Located at the bottom, showing alerts for 'PAS Alert', 'Anaesthetic alert', and 'NHS Number not recorded'.

13. Obstetric notes – this section includes a quick link to the notes you will use most commonly as an obstetrician.

14. Upcoming appointments – you will find a list of upcoming appointments here, such as for scan or antenatal clinic that will come across from SchApptBook.

15. Scanned documents – this section displays any paper documentation that has been scanned onto the woman’s Badger record, mainly used in cases where external services are involved. Examples you will commonly find here are social services documents, perinatal mental health, fetal medicine results.

16. Alerts bar – certain alerts will appear here with key information, alerts, such as Group B Strep or allergies. These will also feature on the risk assessment. If certain events occur in labour and birth, such as a shoulder dystocia, this will appear under critical incidents. If you would like to manually add an alert because there is something you think it is important all practitioners know when seeing this patient, search the ‘critical alert’ note and add your own title and details.

17. Enter new note search bar – you can use this bar to search any type of note you want instead of having to find a link to it in the system.

Full Notes

Select full notes down the left hand side bar to view every single note that has ever been completed for that patient. You can display only specific types of notes, by selecting the ones you want on the left hand filter bar.

ZZZTESTING, SIBYLLE 23 - 542 972 7032, 91642760
 01 Jan 01 (Age at Birth: 21) | FREEMAN HOSPITAL, FREEMAN ROAD, HIGH HEATON, NEWCASTLE UPON TYNE, NE7 7DN
 G1 P1+0 | Baby 1 DOB: 24 Jun 22 at 12:08 (40+0/40) | No. of Babies: 1 | Booking BMI: 7 | Blood Group: ? | PN 12wks, 6d | Current Care: Hospital

All Notes

Search: []

Episode Start Notes

Current Pregnancy Details

Labour and Birth

Woman's Demographic Details

Operation

GP Details (Woman)

Rupture of Membranes

20 Aug 2022 48 + 1

Close Pregnancy (unknown user) 20 Aug 08:30

Close Pregnancy (unknown user) 20 Aug 08:30

26 Jul 2022 44 + 4

Critical Incident (Woman)

Close Pregnancy 20 Aug 22 08:30

Created by (unknown user)
 The Royal Victoria Infirmary Maternity (Newcastle)
 (Change history is not available at this time)

Close Pregnancy

Date Pregnancy Closed 20 Aug 22 at 08:30
 Reason For Closing Automatically Closed By BadgerNet
 Additional Notes The record was automatically closed as 56 days had passed since the woman gave birth.

Notes During Pregnancy

- Appointment (1)
- Close Pregnancy (2)
- Critical Incident (Woman) (1)
- Discharge (1)
- Internal Transfer (Woman) (2)
- Labour Assessment (1)
- Lifestyle (1)
- Local Identifier (1)
- Open Pregnancy (1)
- Postnatal Assessment (1)
- Risk Assessment (Woman) (1)
- VTE/Thromboprophylaxis (1)

Mothers Critical Incidents

- Caesarean Section in 2nd Stage - Recorded on 26 Jul 22 at 21:37

Baby Critical Incidents

- Missing Blood Group

Alerts

- Missing Blood Group

Screening and Tests

Baby Alerts

- Baby 1
- Not Fed Within 1 Hour
- Not Passed Meconium

Johnson, Corinne

Notes during pregnancy

Shows each attendance or contact, split by dates. This page is supposed to appear like the old hand held notes. Click into each date to look at the notes added for that day.

xxTesting, Corinne - NOT RECORDED, 777777777
 07 Feb 90 (Age at Birth: 32) | Badger Lane
 G3 P2+1 | Baby 1 DOB: 17 Jun 22 at 10:19 (46+4/40) | No. of Babies: 1 | Booking BMI: 33.09 | Current BMI: 0.00 | Blood Group: A- | Hb at 9+5: 14.1g/dL | PN 13wks, 6d | Current Care: Hospital

	BP	Urine	Fun...	FM	Presentation	Eng. per ab...	Liquor	Fetal heart	Hb	Notes
JUN 15										Inpatient Assessment 45+0:40
MAR 29										Ultrasound Scan 39+2:40
MAR 29										Consultant Follow Up 39+2:40 Consultant Follow Up Review PVB at 39/40. No associated contractions. Minimal am...
MAR 29										Appointment 34+4:40
MAR 25										Other Notes 34+2:40
MAR 11										ANC Follow-up 32+2:40 ANC Follow-up
MAR 10										Ultrasound Scan 32+1:40
MAR 08	130/82	NAD	30	No	Cephalic	Not Engaged	NAD	136	14.1	Attended for reduced fetal movements. Has not felt movements since yesterday eve...
MAR 07	130/82	NAD	30	No	Cephalic	Not Engaged	NAD	136	14.1	Antenatal Assessment 31+4:40 Multiple observations recorded, please see chart. Attended for reduced fetal mo...

Risk Factors

Date Recorded: 28 Jun 22 at 11:01
 Gestation: PN 1wk, 4d
 Current Pregnancy: Gestational Diabetes, Intermediate risk of preterm birth, PV Bleeding
 Previous Obstetric: Previous Pre-Eclampsia after 34/40, Previous severe pre-eclampsia requiring pre-term birth, Previous PPH with Blood Transfusion
 Previous Baby: Previous Premature Birth less than 37 weeks, Previous Low Birthweight (< 2.5kg), Previous Congenital Abnormality
 Medical: Blood Group Rhesus Negative, Diabetes - Previous Gestational, Haematology, Liver disorders, Von Willebrand's Disease, BMI more than 30, Smoker ≤ 20 per day
 Gynaecological: Polycystic Ovaries, Previous Cervical Surgery
 Mental Health: Anxiety
 Anaesthetic: Severe back pain, Malignant hyperpyrexia, Succinylcholine (scoline) apnoea
 Family History: Thalassemia (HbAemia relative)

Mothers Critical Incidents

- Shoulder Dystocia - Recorded on 28 Jun 22 at 11:10

Baby Critical Incidents

- Shoulder Dystocia - Recorded on 28 Jun 22 at 11:10

Alerts

- NHS Number not recorded
- Mental Health
- Social

Screening and Tests

Baby Alerts

- Baby 1
- NHS Number not recorded

Johnson, Corinne

Obstetric Antenatal Clinic

To start any appointment in ANC (**BOOKING or REVIEW**) follow the steps below.

1. Either search or select 'Obstetric Antenatal Clinic' from the Obstetric Notes section

1. Key Admin Data-Complete
Date and Time, Specialist type and Conducted by

2. Situation – write their gestation at this attendance

3. Background History noted- means you have reviewed medical history, obstetric history and risk factors. You do not have to repeat these in the additional information. These risk factors are displayed on the right side in purple. Ensure they

4. Review - Write a general update of the current appointment, the reason for clinic, how the patient is feeling etc.

Examples could include:
'patient feels well, FMs normal',
PLUS plan for next visit/delivery etc
'For follow up in ANC at 36 weeks'
'Requires scans appointment for 32, 35 and 39 weeks'

****You must complete this section as these notes come through to the 'Notes during Pregnancy'**

5. Current Risks
These will be pulled through from the risk assessment initially carried out, and should be automatically filled.
You can click into this box to amend or update risks
You can order these risks to demonstrate significance/priority
****Ensure these are kept up to date, including newly developed risks during pregnancy e.g.OC****

Do you want to change actual management plan? Yes No N/A

Revised Management Plan

1. T2DM:

- UAD scan at 20 weeks then growth scans from 28 or 32 weeks depending on results
- Aspirin 150mg OD from 13/40
- Retinal screening 2nd trimester
- U+Es today
- As high risk of fetal anomaly due to high HbA1c and BMI for fetal echo
- Folic acid 5mg

2. BMI more than 30

- Why weight matters leaflet
- Anaesthetic referral
- Vitamin D 20mcg OD
- To commence LMWH from 28 weeks - px given

3. Multiple gestation

- anomaly scan @ 20 weeks
- serial growth scan @ 24, then 3 weekly afterwards
- FBC @ 20 and 28 weeks - midwife to kindly arrange
- Aspirin 150 mg daily throughout pregnancy- 2 months script given, can obtain more from the GP or during ANC
- Folic acid in first trimester
- for discussion about management of labour as pregnancy progresses- we would aim for delivery at about 37-38 weeks
- To kindly contact pregnancy assessment unit, midwife, GP or A&E if any concern

Plan made in discussion with the woman Yes No

Having care outside recommended guidelines Yes No

6. Management Plan - allows you to formulate the actual management plan based on risk factors identified. This should be a numerical list as shown, reflecting the **Current Risks** in the box above, and should be amended as pregnancy progresses.

This Management Plan will come through to the pregnancy summary page once completed. Each point regarded as a risk should have a relevant management plan associated with it, clear and concise for others to follow. Ensure it is clear when a task has been requested /completed OR has still to be done at a later visit.

At the end of the management plan you must ensure you record a review date e.g. review at 36 weeks.

THIS IS VISIBLE TO PATIENTS on the patient portal. Ensure your wording is appropriate and understandable.

If seeing someone that already has a management plan, it is fine to delete elements that are complete or not relevant anymore, this will not delete other people’s documentation as it will still be available on earlier reviews. This will help to keep the management plan visible on the pregnancy summary clear and concise.

Select and authorise publish to Badger Notes to allow the patient to view her management plan on the Badger notes app. Remember to save and close once completed.

Important Points:

Obstetric Antenatal Clinic needs to be selected for all antenatal clinic reviews: Initial and follow up reviews. The antenatal clinic assessment will appear in blue in the Notes During Pregnancy summary table so that is clearly seen as an Obstetric Assessment. Always make sure the same process is followed for each clinic appointment so that this is standardised for every antenatal clinic appointment. The only exceptions to this is if this is the diabetes clinic, fetal med clinic, preterm clinic.

If the clinic is joint clinic, please ensure you change the specialist type to ‘obstetric specialist clinic’. This will allow you to enter the name of the 2 specialists reviewing the patient.

If the patient is out of area and not part of the Single Pregnancy Record or has declined to access her maternity record via Badger Notes, you will need to print out a copy of the antenatal clinic visit information that you have recorded for her to add to her handheld notes. To do this you can print the obstetric antenatal clinic form by clicking on the print icon on the bottom of the note and select ‘Print Form Contents’.

Other forms

Found on the right hand side of the obstetric clinic form:

- Please complete intrapartum and postnatal management plans as required
- Please complete IOL and C/Section Booking notes if applicable
- DON’T FORGET TO COMPLETE THE CLINIC OUTCOME FORM WITH FOLLOW UP

Forms

- Induction of Labour Booking
- Elective C-Section Booking
- Intrapartum Management Plan
- Postnatal Management Plan

Diabetes ANC

Use 'Diabetes Management Plan'

Diabetes Summary

Obstetric History
No Previous Pregnancies

Key Details

Type of Diabetes	(Not Recorded)
Date of Diagnosis	(Not Recorded)
First contact with diabetes team	02 Nov 22 at 11:53
Glucose monitoring used at booking	(Not Recorded)

Labour & Birth

Circle of Care

Diabetologist	(Not Recorded)
Diabetes Midwife/Nurse Specialist	(Not Recorded)
Dietitian	(Not Recorded)
Lead Professional	(Not Recorded)

Risk Factors

Date Recorded: 05 Sep 22 at 16:49
Gestation: 26+0/40
Current Pregnancy: Pre-Eclampsia after 34/40
Medical: Blood Group Rhesus Negative, Diabetes - Type 1, BMI more than 49

Preterm Clinic

Use 'Specialist Review'. In the specialist type select Preterm Prevention

Specialist Review

Test, Diabetes (NHS: NOT RECORDED | Hospital Number: 59741526)

10 Dec 90 (Current Age: 31) | ADDRESS NOT ENTERED
G1 P0+0 | LMP: 07 Mar 22 | Booked: ? | EDD (Dates): 12 Dec 22 | Current Gest: 38+1 | Babies on scan: 1 | Booking BMI: 30.81 | Current BMI: 34.66 | Blood Group: B-

NHS Confidential: Patient Identifiable Data

Specialist Review

Date and Time Recorded: 29 Nov 22 at 09:53 | Gestation 38weeks, 1days

Specialist Type: Preterm Prevention

Joint Obstetric/Diabetes review: Yes No

Conducted By: [User Selection] Use current user...

Type of User: [Dropdown]

Type of assessment: [Dropdown]

Location: [Dropdown]

Others present: [Dropdown]

Others present (non BadgerNet user): [Text Area]

Reason(s) for referral to Preterm prevention clinic: [Text Area]

Fetal Med Clinic

Use 'Fetal Medicine Specialist Review'

Fetal Medicine Specialist Review

History at Booking

Allergies and Adverse Reactions	Not Recorded
Diabetes	Diabetes - Type 1
Gynaecological	Punch Biopsy
Folic Acid	No

Scan Results

- Ultrasound scan: 30 Sep 22 at 12:07

Screening

Risk Factors

Date Recorded: 05 Sep 22 at 16:49
Gestation: 26+0/40
Current Pregnancy: Pre-Eclampsia after 34/40
Medical: Blood Group Rhesus Negative, Diabetes - Type 1, BMI more than 49
Anaesthetic: BMI at booking \geq 45

Additional Reviews

Obstetric Antenatal Inpatient Review (with CTG)

To be used for any other antenatal reviews to include MAU attendance, Day care, inpatient reviews on ward 41, ward rounds, antenatal inpatient on delivery suite.

Examples of reviews and actions

1. If you see a patient with PPROM at 31 weeks who goes on to have outpatient management after her 48 hour admission, ensure this is documented in the current pregnancy risk factors, and updated on her management plan (e.g. twice weekly day care assessments, serial scans, and aim for IOL at 36-37 weeks).
2. Raised BP, managed with labetalol after attendance at MAU. Ensure this is mentioned in her management plan with the longer term plan (e.g. Labetalol 200mg BD for raised BP, commenced at 34 weeks, no proteinuria, for weekly Day Care assessments and aim for IOL at 39 weeks)
3. If you diagnose Obstetric Cholestasis in MAU, document in Risk factors and amend management plan (e.g. OC diagnosed at 35 weeks (ALT 48, Bile acids 40), requires repeat bloods at 34 and 37 weeks with community midwife, ANC to discuss timing of delivery).

Please make sure that you update the **risk assessment** and **management plan** following every review if there have been any new risk identified.

If there are no changes to the management plan or risk factors, then you can ignore this part and just document in the 'review' box. If there are, this gives you the ability to make changes all within one form.

Intrapartum Care - Obstetric Forms

To document an intrapartum or labour ward or NBC review, use the **'Intrapartum Obstetric Review'** form. This includes labouring women, inductions and c/s

Fetal blood sampling (FBS) form – to document FBS and sample results.

Surgical intervention – to document surgery other than sections and instrumental deliveries, including cervical suture insertion and removal, c/s wound, episiotomy, ERPC, manual removal of placenta, re-suturing etc.

Fetal instrumental/operative birth details – use to document ventouse, forceps or sections.

Operation details – also use to document caesarean section, this includes timings and methods used.

C-section additional information – will be filled in by HCA in theatre, you can refer to this for timings eg. Knife to skin.

Episiotomy, tears and perineal trauma - open this form to document the type of tear/trauma, then follow the link to **'perineal repair'**, to document full repair there.

Swab and needle check – use this form to document count and two person authorisation. For instrumental deliveries in theatre, the HCA/theatre team will usually open and fill in the form before you can. In this case, ensure to open the pre-existing form and authorise, rather than creating a new form. If it's for a repair or delivery in the room, add the midwife or HCA's name as the 2nd authoriser then this will show a reminder on their Badger account to authorise it.

Post-operative management plan – complete following a LSCS/surgical procedure outlining the post- op recommendations for the midwives.

To view Labour and Birth documentation:

When a delivery has been entered on the system by the midwives, a third column will appear on the pregnancy summary providing an overview.

Select the 'labour and birth' tab on the left hand side bar, you can then click through the different tabs to see documentation from the different stages of labour. This includes a 'partogram' chart view.

Labour & Birth	
Number of Babies Born	1
Date of Birth	23 Apr 21 at 09:14
Onset of Labour	Caesarean Section Before Labour (including failed induction)
Summary of Analgesia and Anaesthesia	(Not Recorded)
Final Location of Birth	NHS hospital - Consultant only
♀ Baby 1	
DOB	23 Apr 21 at 09:14
Outcome	Livebirth
National ID	(Not Recorded)

Postnatal Reviews

To document a postnatal review use the 'Postnatal Ward Round Note'. This is to be used for ward rounds and individual reviews of postnatal patients.

Obstetric reviews outside of a maternity location

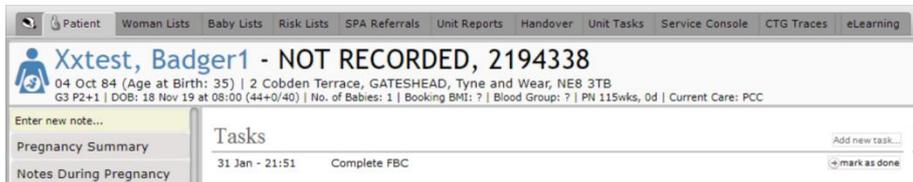
If you review a patient outside of the maternity setting for example ED, HDU, please continue to record review in e-record but also copy and paste review into the BadgerNet record so there is full visibility of these reviews.

Debrief/Bereavement Reviews

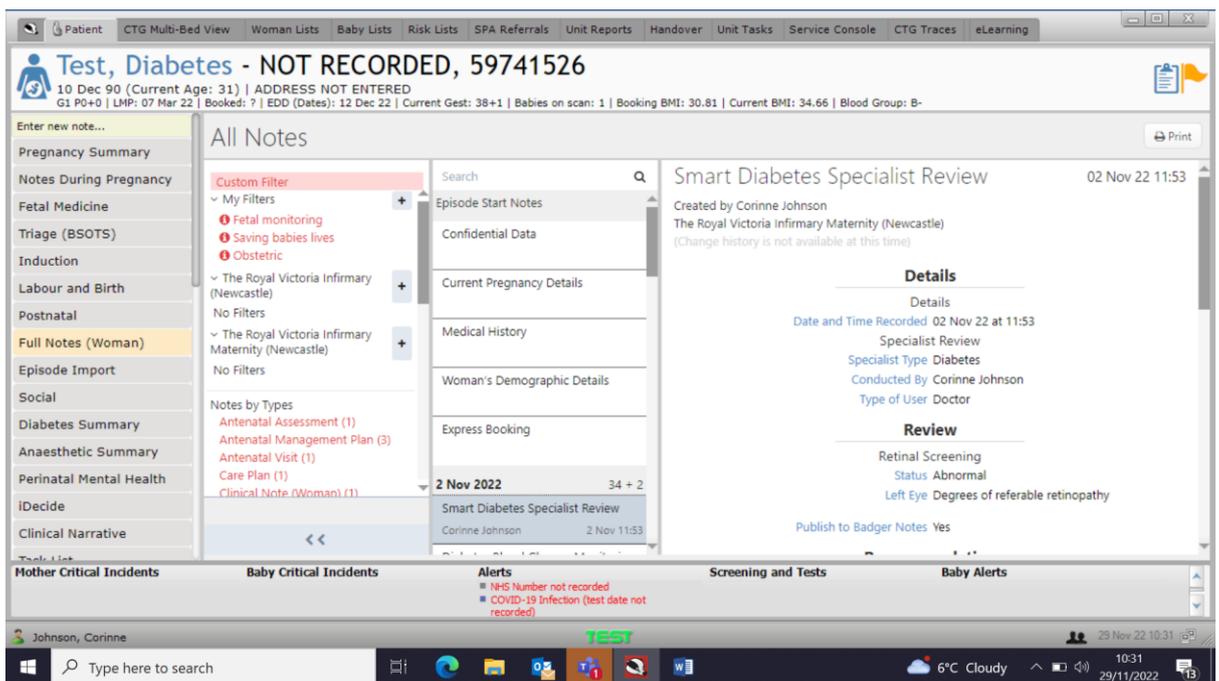
To document this use the specialist review note, specialist type: debrief

Useful Tips

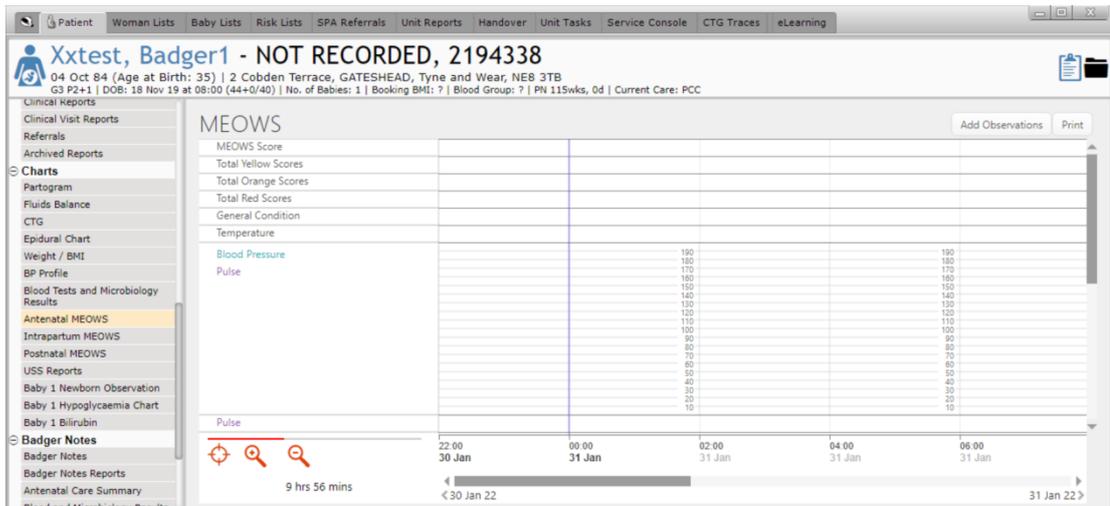
1. Create and View Tasks – You can create specific tasks to be completed which will appear in the **'Things to do'** box. For example, please repeat FBC at 36 week antenatal clinic appointment. Click on the Task list from the tabs on the left hand side. Select add new task to create one. (You can define importance of task as critical, normal or low)



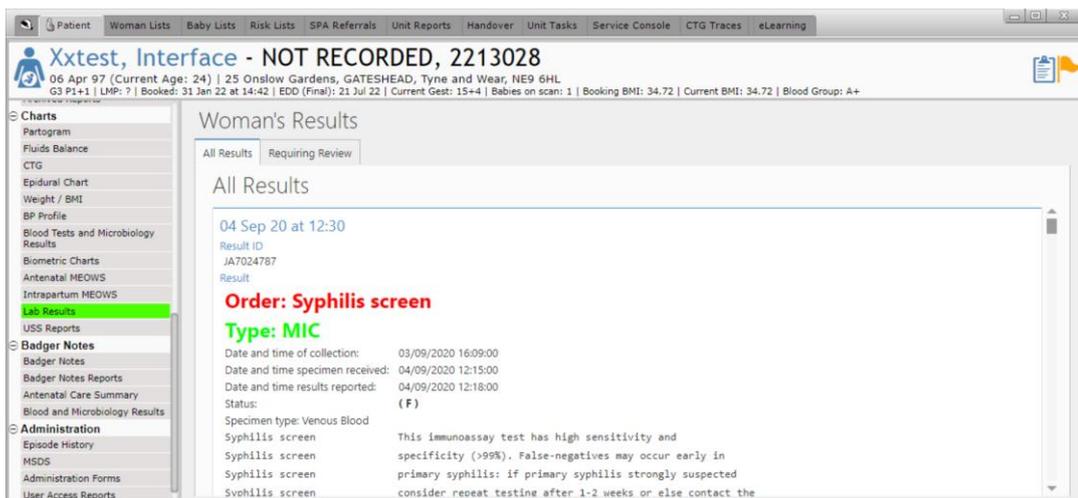
2. To review notes recorded for a patient select the **Full Notes** Tab. This will display every note recorded for that patient. You can select types of notes on the left hand side to view. If you regularly review the same notes, for example for an audit, you can create your own filter. To do this click the + sign next to 'my filters'. The filters selected will always display every time you log into a record to view Full Notes.



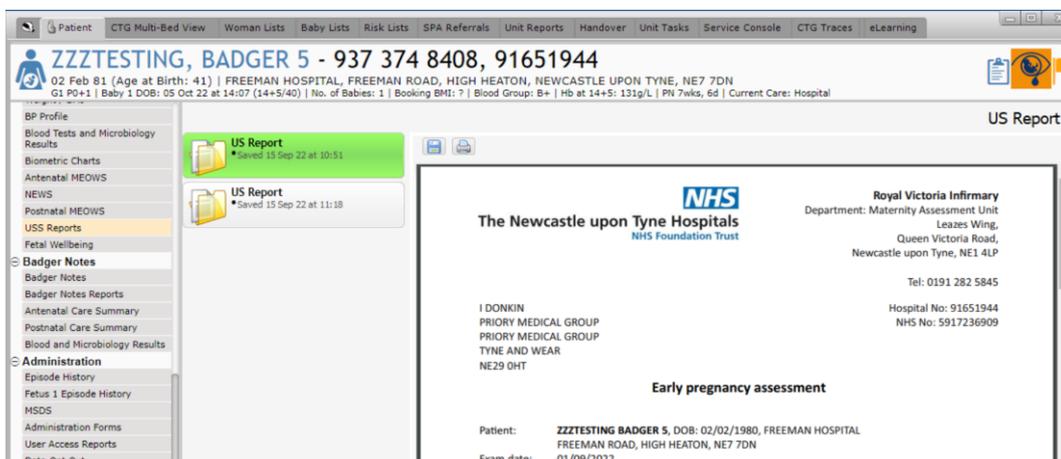
- To view **Charts** quickly, scroll down on the left hand side bar and select the relevant chart from the charts tab (includes partogram and MEOW's).



- To view lab results from Apex, select '**lab results**' under the charts section of the left hand bar.

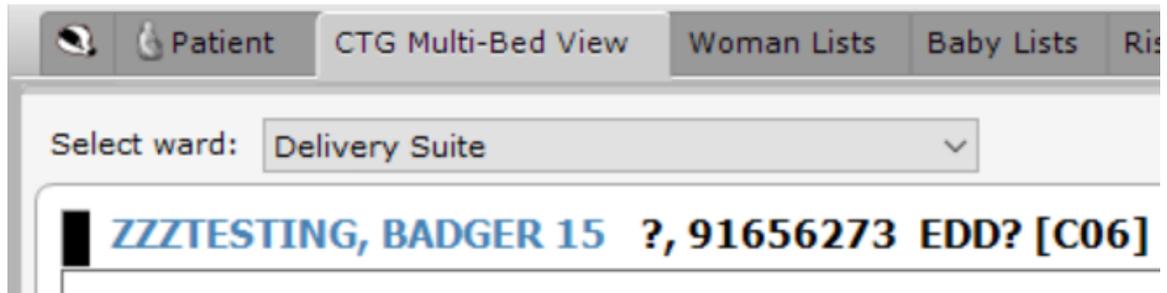


- To view Viewpoint Reports, select '**uss reports**' under the charts section

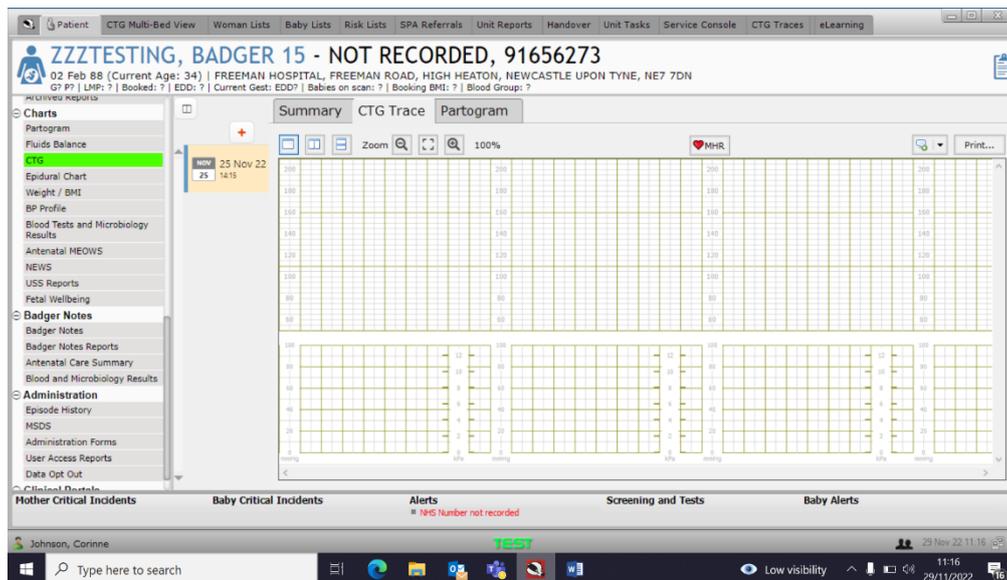


6. Reviewing CTG's on delivery suite

On delivery suite BadgerNet CTG will replace Trium. To view all CTG's on delivery suite you can view these within Badgernet CTG Multi Bed View



To review the individual CTG Trace within the BadgerNet patient record, scroll down to charts and select CTG. To add any comments to the CTG click on the speech mark icon.



7. How to send a document from Badger to Doc Store

This should be completed after each ANC visit so that this information can be viewed in e-Record by other clinicians outside of maternity, for example ED clinicians.

- Once review completed, find this in the reports tab under 'clinical reports' tab on the left hand side menu.
- Find report named 'Obstetric Specialist Reviews and Management Plans'
- Click confirm and save in top right hand corner. Authorise with username and password.
- Document is now available to view in Doc Store

Referrals

There are several referrals set up within Badger, which allow you to refer someone you are caring for to another speciality. By following the referral process, an email will be sent to the appropriate recipient or service with a PDF attached including the patient's details, pregnancy summary and any text you add to explain why you are referring. The referrals which you may need to send in your role are listed below;

Anaesthetic referral –If a patient requires an anaesthetic clinic appointment then a referral from BadgerNet needs to be completed. The anaesthetists will triage these referrals and then if required book the patient into the anaesthetic clinic.

Fetal Medicine referral- complete this if patient requires an appointment within fetal medicine

Neonatal referral – to notify neonatologists of issues and presenting risks for the pregnancy so that a fetal care plan can be made. This will replace the paper neonatal alert form.

To complete a referral

1. In enter new note search for 'referral'
2. One note open select type of referral from the 'referral to' picklist. Complete form in full

Referral (Woman)

ZZZTESTING, BADGER 5 (NHS: 937 374 8408 | Hospital Number: 91651944)

02 Feb 81 (Age at Birth: 41) | FREEMAN HOSPITAL, FREEMAN ROAD, HIGH HEATON, NEWCASTLE UPON TYNE, NE7 7DN
G1 P0+1 | Baby 1 DOB: 05 Oct 22 at 14:07 (14+5/40) | No. of Babies: 1 | Booking BMI: ? | Blood Group: B+ | Hb at 14+5: 131g/L | PN 7wks, 6d | Current Care: Hospital
NHS Confidential: Patient Identifiable Data

Referral Details

Anaesthetic

Referral Details

Date/Time Referred: 29 Nov 22 at 10:47 Postnatal 7weeks, 6days

Referral To: - Anaesthetic Referral

Items Discussed With Woman: []

Referrer: []
Use current user...

Role of Referrer: Neonatologist

Contact number and/or email address of referrer: []

Referral Accepted by Woman: Yes No

3. Save and close once complete. Message will display- select 'yes'

Unsent Referrals

This referral is not sent. Do you want to view it now?

Yes Cancel

4. PDF will display- click confirm and send to send the referral

The Royal Victoria Infirmary Maternity (Newcastle)
Queen Victoria Road, Newcastle upon tyne, Tyne and wear, NE1 4LP.

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Anaesthetic Referral - 29 Nov 22 at 10:47

ZZZTESTING, BADGER 5 (NHS: 937 374 8408 | Hospital Number: 91651944)

02 Feb 81 (Age at Birth: 41) | FREEMAN HOSPITAL, FREEMAN ROAD, HIGH HEATON, NEWCASTLE UPON TYNE, NE7 7DN
G1 P0+1 | Baby 1 DOB: 05 Oct 22 at 14:07 (14+5/40) | No. of Babies: 1 | Booking BMI: ? | Blood Group: B+ | Hb at 14+5: 131g/L | PN 7wks, 6d | Current Care: Hospital

Confirm and Send

E-Record

- Continue to prescribe medication on e-Record
- Continue to request lab test/investigations on e-Record
- Continue to use Doc create for letters to GP's
- Continue to document reviews outside of maternity within e-Record

If you require any further support or training please email
Nuth.badgernetmaternitysupport@nhs.net