Labor and Delivery

Transfer of the Obstetrical Patient by VPH to L&D

Policy Title/Number: Transfer of the Obstetrical Patient by VPH to L&D


Categories:________________________________________________________

Contributors:
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Medical Director of Vanderbilt Psychiatric Hospital; Beverly Scruggs, MGR
L&D; Ann Cross, CEO VPH; Lori Harris, MGR Adult Program

Review Responsibility: OB/VPH Policy Committee (above)

Effective Date:

Last Revised Date:

Team Members Performing:

_____ RN
_____ LPN
_____ Care Partner/Patient Care Technician

_____ Other licensed staff (specify): ED Attendings; OB Anesthesia, L&D
Attendings (MD/Midwife), OB Residents, NICU Attendings; Psychiatric Attendings,
Psychiatric Residents

_____ Other non-licensed staff (specify):

Guidelines Applicable to:

_____ VUH
_____ VMG
_____ VCH

_____ VPH

_____ Other (specify):

Guidelines Applicable to:

_____ All patient care areas
_____ All inpatient areas
_____ Adult areas only
_____ Pediatric areas only
_____ Critical Care/Stepdown Areas only
Transfer of the Obstetrical Patient by VPH to L&D

I. **Outcome Goal:** To provide the appropriate level of care to obstetrical patients who are inpatients at Vanderbilt Psychiatric Hospital

II. **Policy:** Obstetrical patients will be triaged initially via a phone call between the charge nurses of VPH and L&D at 2-2255 to determine if the appropriate care is best delivered by OB or the Emergency Department.
   1. If assessed as a non-emergent issue, options to be considered will include an OB visit in TVC, an OB consultation from MFM in VPH, or transfer to 4E rather than L&D.
   2. If a non-OB emergency in a pregnant patient, and transfer to the ED is considered the more appropriate option, the VPH physician will discuss directly with ED.
   3. If transfer to OB is most appropriate, the Psychiatric Attending must actually request the transfer of care. The in-house Resident may provide the communication of the transfer by contacting the L&D Senior Resident, but only the L&D Attending may accept the transfer.

III. **Equipment/Supplies:** as needed

IV. **Protocol for disposition of Obstetric Patients at Vanderbilt Psychiatric Hospital:**

   1. **Patients who are less than 15 weeks gestation**
      The L&D Charge Nurse will recommend that these patients initially be assessed in the Emergency Department. If admission is ultimately recommended, the patient may be admitted to 4 East directly from the Emergency Department.

   2. **Patients who are 15 weeks or beyond with non-obstetric complaints**
      Patients who are 15 weeks or greater that present with a chief complaint or subsequent diagnoses which are not clearly either obstetrical or non-obstetrical in nature will require physician to physician consultation to determine the most appropriate site of care. Example of such situations might include those with pyelonephritis, pneumonia, or trauma patients.

   3. **Patients who are at or beyond 20 weeks gestation with non-obstetric**
complaints
Patients who are at or beyond 20 completed weeks (20 weeks 0 days) whose complaint is clearly not related to her pregnancy and does not place either her or her fetus at significant risk of harm may be cared for entirely within the Emergency Department. Examples of such situations may include: lacerations which can be sutured in the emergency department, non-abdominal minor trauma, eye injuries and pharyngitis.

4. **Patients who are at or beyond 20 weeks gestation with obstetric Complaints**
The Labor and Delivery Charge Nurse will advise that patients who are at or beyond 20 completed weeks (20 weeks 0 days) with obstetric complaints and/or symptoms be sent directly to Labor and Delivery.

5. **Patients between 15 and 20 weeks gestation**
Patients who are between 15 and 20 weeks gestation by best available dates with premature rupture of the membranes, clinically apparent imminent delivery or products of conception visible in the vagina will go directly to Labor and Delivery as advised by the Labor and Delivery Charge Nurse.

6. **Patients within the 6 week Postpartum period**
Patients who are inpatients at Vanderbilt Psychiatric Hospital up to 6 weeks postpartum with obstetrical related complaints will be transferred to the Labor and Delivery Unit as advised by the Labor and Delivery Charge Nurse. Vanderbilt Psychiatric Hospital inpatients who are less than 6 weeks postpartum and present with non-obstetrical issues will be transferred to the Emergency Department for treatment. The Obstetrical team may be called for a consult at any time.

7. **Patients for whom weeks of gestation is unknown**
Pregnant inpatients at Vanderbilt Psychiatric Hospital for whom weeks of gestation are unknown will be triaged in the Emergency Department.

V. **Procedure(s):**

When a pregnant inpatient at Vanderbilt Psychiatric Hospital requires a level of medical assessment and possible treatment not available at the Psychiatric Hospital, the following steps will be followed:

1. The VPH charge nurse will contact the L&D charge nurse with clinical information
2. The L&D charge nurse will recommend disposition based on the criteria listed above (Section IV – Protocol).
3. If the patient is to be sent to Labor and Delivery, the VPH attending or in-house resident will contact the L&D Senior Resident or Attending
4. There will be liberal communication between Vanderbilt Psychiatric Hospital and Labor and Delivery personnel (both Physician and Nursing) to assist with the patient’s evaluation, clinical care and transfer for further treatment. The patient’s chart will accompany the patient to L&D including the most current MAR, the Psychiatric Admission Evaluation and physical exam, and recent progress notes. Staff at VPH will ensure that these items are printed from the electronic record and included in the paper record prior to transfer.

VI. Follow-up:

1. The L&D charge nurse will contact the VPH charge nurse with the outcome of triage; admission to L&D or return to VPH. If the patient is not admitted to L&D, VPH staff will accompany the patient back to the Psychiatric Hospital. If the patient is admitted to L&D, L&D staff will make copies of what is needed from the medical record and the VPH staff will return to VPH with the VPH medical record.

VII. Contributors:

Dr. Bennett Spetalnick, Medical Director of L & D; Dr. George Bolian, Medical Director of VPH; Beverly Scruggs, MGR L&D; Ann Cross, CEO VPH; Lori Harris, MGR VPH

VIII. Endorsement:
Clinical Practice Committee – (month/year approved)
Labor and Delivery/VPH Management Groups – September 2007

IX. Approval:

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Dr. Nancy Chescheir
Chair OB/GYN

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Dr. Bennett Spetalnick
Labor and Delivery Medical Director

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Robin Mutz
Women’s Health PCC Administrator

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VPH Medical Medical Director
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Beverly Scruggs
Labor and Delivery Nurse Manager