

Companions to Management Series



PATIENT REFERRAL AND TRANSPORT

The
Welfare of Women



Referral and Transport of a Patient to Another Healthcare Team

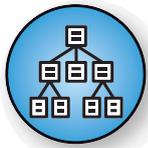


Early recognition of pregnancy complications and timely referral for higher-level care are key factors in reducing maternal and newborn morbidity and mortality. Yet the physical process of transfer can also present significant risks, especially when made over large distances and to unfamiliar receiving units. Therefore, careful consideration needs to be given to balance these benefits and risks for each patient that may need to be managed elsewhere.

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Referral requires clear handover communication – the process of passing patient-specific information from one healthcare team to the next – to ensure patient care continuity and safety. Transfer can also put patients at risk if important information is missed or misunderstood, as this can lead to a breakdown in care, inappropriate or delayed treatment, and potential harm. Ensuring effective communication and coordination between teams is essential to minimise these risks.

It is preferable not to wait until an urgent transfer of patient care is required before considering where, who to, and how that process might occur. Instead, all healthcare facilities should determine in advance a clear process for referral to nearby organisations, which is understood and adhered to by both teams.



Management Algorithm – Referral

1. Identify the need for referral early and make arrangements for transfer to minimise delays to patient care

Early recognition of pregnancy complications or emergencies should facilitate timely appropriate treatment and/or prompt consideration for referral to alternative or higher-level care – typically this will be due to lack of available equipment or trained practitioners for the given clinical scenario

Consider starting to make early arrangements for transport, as well as possible financial aid if required, as these factors frequently delay transfer

2. Ensure clear and effective communication between healthcare teams for smooth transition of patient care

Use a standard communication tool to ensure a structured and concise patient handover, such as 'SBAR - Situation, Background, Assessment, Recommendation' (see table below)

Utilise the 'repeat-back' technique: ask the receiver to communicate back the information given by the provider to ensure that it was understood correctly and to clarify any misunderstanding

Ensure there is clear ownership of the patient in transition: there should be a receiving team who are aware of the patient and are immediately responsible for her care on arrival

Provide a referral letter with the relevant clinical information using standardised documentation

<p>SITUATION <i>(Clarify the problem)</i></p>	<ul style="list-style-type: none"> • What are the woman's gestation and gravida/parity? • What is the reason for referral?
<p>BACKGROUND <i>(Provide pertinent clinical information)</i></p>	<ul style="list-style-type: none"> • What is the woman's relevant obstetric/medical/social history?
<p>ASSESSMENT <i>(Assess the situation)</i></p>	<ul style="list-style-type: none"> • What assessments have been done? (e.g. observations, fetal heart monitoring, blood loss, urine output, blood tests, imaging)
<p>RECOMMENDATION <i>(State the next steps required)</i></p>	<ul style="list-style-type: none"> • What do you recommend for further assessment/escalation/treatment? • Over what time frame does this need to happen?

3. Involve the patient and/or her family

Patients and their families play a critical role in ensuring continuity of care, as they can also communicate important information to the next healthcare provider

Explain the patient's current condition and situation to her and her family, and provide them with the opportunity to ask questions

Utilise the 'teach-back' technique: communicate with the patient and her family in a way that they can understand and ask them to describe what they have heard to assess their comprehension



Management Algorithm – Transport

1. Do not transfer the patient in an uncontrolled emergency

First provide emergency management and stabilise the patient

It is dangerous to transfer a patient who is unstable – if her condition deteriorates during the transfer then it will be difficult for those with her to manage the situation in a safe manner

Think carefully whether transfer is in the patient's best interests

2. Consider who should be transported with the patient

Where possible, transfer the patient with a healthcare worker who is trained in obstetric care and can manage emergency situations should they arise on the journey

If relevant, consider transferring the patient with a relative who can donate blood in the event of post-partum haemorrhage

Transfer the patient with her baby if postnatal

3. Take essential medications and supplies for the journey

A balance needs to be struck between being prepared for the main possible adverse outcomes during transfer (e.g. delivery, or clinical deterioration), and not delaying the process with excessive planning or provisions

Consider packing the following items:

Essential medications	Essential supplies
<ul style="list-style-type: none">• Adrenaline (in case of cardiac arrest)• Analgesia• Antihypertensives• Broad-spectrum antibiotics• Intravenous fluids• Magnesium sulphate• Uterotonics	<ul style="list-style-type: none">• Bag-valve masks (adult & newborn sizes)• Blankets & towels• Blood pressure monitor, thermometer, pulse oximeter• Bulb syringe (for neonatal suctioning)• Examination and sterile gloves• Intravenous equipment (cannulas, giving sets)• Sterile syringes & needles

4. Monitor the condition of the patient (and/or newborn) during transfer

Observe and record vital signs, and manage any clinical concerns accordingly, documenting any medications or intravenous fluids administered on the journey (in order to update the accepting team)

5. Communicate with the receiving healthcare team on arrival

Provide the referral letter to the receiving healthcare team as well as a face-to-face handover using the communication techniques documented above



References

World Health Organization. *Communication during patient hand-overs*. Patient Safety Solutions, volume 1, solution 3. Geneva: WHO; 2007. <https://www.who.int/patientsafety/solutions/patientsafety/PS-Solution3.pdf>

World Health Organization. *Transitions of care: technical series on safer primary care*. Geneva: WHO; 2016. <https://apps.who.int/iris/bitstream/handle/10665/252272/9789241511599-eng.pdf;jsessionid=C19C41C18EF5BCFDD8C3A91157315F36?sequence=1>

Safe Delivery app. *Postpartum haemorrhage – Action cards – Emergency Referral*. University of Copenhagen, University of Southern Denmark, Maternity Foundation. <https://www.maternity.dk/safe-delivery-app/>

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