

Guidelines for Completion of the Antenatal Home Care Program Referral Form

The following key points may assist inpatient sites in making a referral:

1. A call to the Antenatal Home Care Program prior to faxing the referral is necessary to ensure there is room on the program for your patient. Phone 204-792-5463 and if there is no answer leave a name and phone number and a nurse will return your call. The phone and fax numbers for the Antenatal Home Care Program are at the top of the form.
Antenatal Home Care Program hours: 7 days a week, 08:30 to 16:30. **If making a referral outside program hours,** please fax the referral to Antenatal Home Care Program and call program @ 204-792-5463 to leave a message advising of referral.
2. The patient referred to the program from hospital normally has the requested information on various forms, within her hospital chart i.e. lab results, vital sign flow sheet. These forms can be faxed as is, rather than having a nurse or unit clerk duplicate information by writing it out again on the referral form.
3. Use **addressograph** to avoid writing in key demographic information.
4. **Referral Source:** Please indicate if the referral to the Antenatal Home Care Program was discussed with the client (yes or no) and the source of referral, including the date the patient was seen.
5. Hospital **admission date and discharge date:** a referral form may be sent on a client prior to discharge home. The Antenatal Home Care Program nurse will refer to the discharge date, and on that date will confirm patient has gone home and whether any changes in condition have occurred.
6. Complete **address, temporary address** if applicable, and **phone numbers (home and cellular)** as this is vital information to ensure that the client can be contacted and visited promptly after she leaves hospital.
7. **Gravida/Parity/Gestation and Estimated Date of Confinement:** must be completed.
8. **Diagnosis:** please check the box preceding the condition patient requires monitoring of.
9. Assessment/**Condition Summary:** (past 24 hrs): no need to complete if sending by fax the vital signs flow sheet from patient chart. List frequency of warning signs and symptoms related to current condition, presence of any chronic illnesses, previous pregnancy complications. When client has received corticosteroids in hospital, note it here.
10. **Blood Pressure Cuff Size:** indicate by checking appropriate sized cuff that was **used on the patient in the hospital.** The Antenatal Home Care Program lends each gestational hypertension patient an auto blood pressure cuff - knowing in advance the cuff size ensures the proper cuff is brought to the visit.
11. **Weight:** most recent weight in kilograms.
12. **Current Medications:** complete name, dose and schedule for all medications client is to take when at home.
13. **Accompanying Documentation required:** check off the items being sent with referral form. All items listed are requested by the program.
14. **Follow up Appointment Dates:** identify dates as booked. If return appointment needs to be arranged by patient or program nurse, write that in.
15. **Completed by:** (Print)/(Signature) of person completing the form. Used by Antenatal Home Care Program nurses as contact for more information when required.
16. **Date:** date the form once completed. This referral form becomes the first portion of the patient's chart and should include the date the information was transferred to the Antenatal Home Care Program.