



PATIENT ADMINISTRATION

REVIEW AT ANOTHER HOSPITAL: OBSTETRIC & GYNAECOLOGY REVIEW AT FREMANTLE, SCGH & ROYAL PERTH HOSPITALS

Keywords: Obstetric review, gynaecological review, review at another hospital, SCGH, RPH, FNHS

AIM

To provide guidance to KEMH staff on the correct process to be followed in the event of a request to review an obstetric or gynaecology patient at Fremantle, SCGH or Royal Perth Hospital.

BACKGROUND

Requests of this nature from the adult tertiary hospitals may relate to:

- Antenatal patients who have had an accident or injury or an acute surgical event or medical event which has resulted in either attendance at EC and/or surgery and/or admission to ICU. Management concerns, the effect of the maternal event and ongoing maternal condition and treatment will have on the fetal condition
- An unexpected vaginal delivery with a complication of the third stage.
- Postnatal patients who have been admitted with a complication relating to the pregnancy either as a primary admission or as a transfer from KEMH e.g. massive surgical bleeding, secondary PPH.
- Gynaecological patients who may be admitted primarily to these hospitals and are too unstable to transfer to KEMH.

Areas at the adult tertiary hospitals in which such patients are managed:

- ED
- ICU
- Theatre

This has implications for equipment needed by the obstetrician/gynaecologist for assessment and treatment.

EQUIPMENT – SEE PAGE 3

PROCEDURE

1. The adult teaching hospital contacts KEMH switchboard (9340 2222) and asks to speak to the Consultant Obstetrician or Gynaecologist on-call.
2. In the event of being put through to the Senior Registrar (SR), the situation is discussed with the SR, who will liaise with his/her consultant (either obstetric or gynaecological whichever is appropriate).
3. Information which is important to obtain:
 - name of patient
 - location of patient
 - condition of patient – also stable/ unstable
 - gestation (if pregnant)
 - name of general hospital registrar and consultant responsible for the patient and their contact details

ANTENATAL PATIENTS

- **The patient is discussed with the Obstetric Consultant on call for Labour and Birth Suite**
- A determination is made as to the requirement for on-site adult tertiary hospital review, and whether this review requires midwifery attendance only or a medical review.



- **If midwifery only review is required** - the hospital manager is contacted and a midwife identified. The midwife will liaise with the Obstetric Consultant about review and **management**
- **If obstetric medical review is required** - the Obstetric Consultant on-call for Labour and Birth Suite will arrange for consultant review.
- The antenatal patient becomes an outlier of the team of the consultant on duty for L&B suite unless it is felt, in consultation with sub-specialist colleagues that care is best taken over by another team.

MECHANISM FOR DETERMINING THE O& G CONSULTANT WHO WILL GO OFF SITE TO REVIEW THE ANTENATAL PATIENT

- **In hours** - the consultant review will be using another consultant of their team. If another consultant of the team is not available, contact HOD or Director Obstetrics who will organise a consultant review.
- **After hours** - the Obstetric Consultant will discuss with the on-call Gynaecology Consultant on-call, who will review the patient. Gynaecology cover at KEMH will be taken over by the Obstetric Consultant, whilst the Gynaecology Consultant is out of the hospital.
- **NB.** The Obstetric Consultant on-call **should not** review the patient themselves as they potentially become unavailable to the KEMH L&B Suite in that time. An exception to this may be if the Gynaecology Consultant agrees to take over the cover of the L&B Suite whilst the Obstetric Consultant is reviewing the patient.
- The antenatal patient becomes an outlier of the team of the obstetric consultant on duty in Labour and Birth Suite at the time of the first request from the general tertiary hospital.

POSTNATAL AND GYNAECOLOGICAL PATIENTS

- Postnatal and gynaecological patients become the responsibility of the gynaecological consultant on duty for the period of time in which the call is received and become an outlier for that team.
- If midwifery input/review is required, this will be organised through the Hospital Manager.
- Consultation with obstetric or gynaecological oncology colleagues as necessary.

OBSTETRIC AND GYNAECOLOGICAL PATIENTS TRANSFERRED FROM KEMH TO ADULT TERTIARY HOSPITALS

- These patients become the responsibility of the team/surgeon at KEMH under which they were booked.
- At time of transfer to ICU, it is important that the surgical team on-call at the admitting hospital be notified by the O&G team responsible for transfer of the admission to ICU and technically all ICU admissions come under a general surgeon.

Procedure to follow in transferring to ICU

1. Liaison with KEMH anaesthetic department who will organise the ICU admission
2. Notification of theatre co-ordinator (if appropriate) and hospital manager
3. Discussion with ICU consultant (if this has not already been done by anaesthetic department).
4. Notification to surgical team on-call at adult tertiary hospital.
5. Ensuring ambulance is ordered (with appropriate category – usually cat 1 from theatre).
6. Letter to ICU consultant to accompany patient.
7. Notes photocopied

See Clinical Guideline [Obstetrics & Gynaecology: Patient Administration: Patient Movement: Transfer of a Critically Unwell Patient and Records to an ICU at Another Hospital](#).

EQUIPMENT (AVAILABLE FROM LABOUR AND BIRTH SUITE)

Equipment available at KEMH to take for midwifery review of antenatal patient

Suitcase 1

- . Basic delivery pack
- . Paperwork for normal delivery
- . Perinatal Loss Service information
- . Doptone
- . Speculum
- . FFN
- . Amnicator.

Equipment available at KEMH to take for patient having a Caesarean section:

- . Balfour retractor
- . Green Armitage clamps
- . Post-partum haemorrhage management items (B lynch suture, F 2 alpha, Rusch catheter)

Equipment available at KEMH to take for gynaecology review – as above minus the CTG machine.

On site equipment at adult tertiary hospitals

- . Basic O&G equipment should also be on site at all adult hospitals.
- . Ideally it should be available in readily identifiable boxes in ED at other adult tertiary hospitals, principally for use by their own staff in preliminary assessment of the obstetric/gynaecological patient. Basic equipment would include items for managing post-partum haemorrhage.

REFERENCES (STANDARDS)	
National Standards – 12 Service Delivery Legislation - Nil	
Related Policies - Nil	
Other related documents – Nil	
RESPONSIBILITY	
Policy Sponsor	Medical Director Obstetrics
Initial Endorsement	March 2011
Last Reviewed	January 2015
Last Amended	
Review date	January 2018

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Access the current version from the WNHS website.**