Woman's date of birth:

D D / M M / Y Y

Woman's study number:

BUMPES

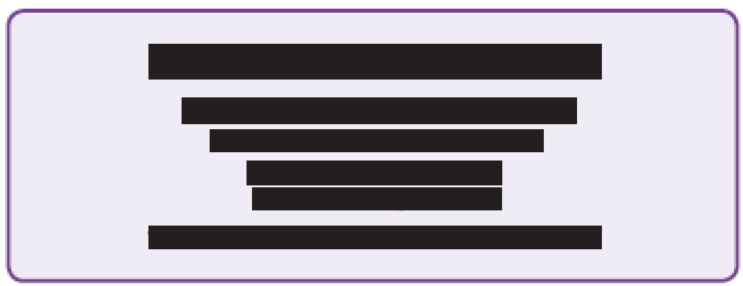
A study of position during the late stages of labour in women with an epidural

Higher Level of Care data collection form
WOMAN post study entry

Please complete this form for a woman who received a higher level of care and/or who had surgery following her delivery.

Please liaise with your local Principal Investigator (PI) to complete this form.

Please complete in black ballpoint pen.



ICNARC HDU Definitions of Care

Level 0: patients whose needs can be met through general ward care

Level 1: patients who are at risk of their condition deteriorating, or those who have recently been relocated from higher levels of care whose needs can be met on the general ward with additional advice and support from the critical care team.

Level 2: patients requiring more detailed monitoring and support, including support for a single failing organ system, or postoperative care and those stepping down from higher levels of care.

Level 3: patients needing monitoring and support for two or more organs systems, one of which may be basic or advanced respiratory support.

Section 1: Level of care details

1.1 Please give details of this woman's higher level of care:

	Level of care required *(please tick as appropriate - n.b. full day = 24 hrs)*							
	Level 0		**Level 1**		**Level 2**		**Level 3**	
Day 1	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 2	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 3	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 4	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 5	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 6	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 7	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐
Day 8	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐	Full day ☐	Partial day ☐

1.2 Please state the primary reason for admission into higher care:

_____

_____

_____

Section 2: Surgery

2.1 **Did the woman undergo any additional surgery at the time of, or following delivery (excluding initial perineum or anterior suturing) prior to her discharge or transfer from this hospital?** Yes ☐ No ☐

If Yes, please give details below:

Surgery 1: Date of surgery: ..... D D / M M / Y Y

Type of surgery: _____

Surgery 2: Date of surgery: ..... D D / M M / Y Y

Type of surgery: _____

Surgery 3: Date of surgery: ..... D D / M M / Y Y

Type of surgery: _____

Surgery 4: Date of surgery: ..... D D / M M / Y Y

Type of surgery: _____

Please use an additional form if necessary.

Section 3: Investigations

3.1 **Did the woman have any X-rays, CT scans or MRI scans following delivery and prior to her discharge or transfer from this hospital?** Yes ☐ No ☐

If Yes, please indicate which investigations were performed:

X-rays ☐ If ticked, how many? ☐☐

CT-scans ☐ If ticked, how many? ☐☐

MRI ☐ If ticked, how many? ☐☐

Section 4: Outcome *(Please complete only one of the outcome sections below)*

4.1 Discharge home

Was the woman discharged home from this hospital? Yes ☐

If Yes, please give date of discharge home: D D / M M / Y Y

4.2 Transfer to another hospital

Was the woman transferred to another hospital? Yes ☐

If Yes, name of the transfer hospital: _____

Please specify how the woman was transferred:

Ambulance ☐ Helicopter ☐ Own transport ☐ Other ☐

If Other, please specify: _____

Date of transfer: D D / M M / Y Y

4.3 Death

Did the woman die during her stay in this hospital? Yes ☐

If Yes, has the cause of death been identified? Yes ☐ No ☐

Principal cause of death:

_____

Date of death: D D / M M / Y Y

Form completed by: *(Please print)* _____ **Date completed:** D D / M M / Y Y

Name of hospital: _____

Principal Investigator's signature: _____

Please agree the content of this form with your local Principal Investigator (PI) then return this completed form to the BUMPES Co-ordinating Centre using the FREEPOST envelope.

Thank you for completing this form