STANDARD OPERATING PROCEDURE

Maternity Triage Operational and Job Roles SOP

Locally Adapted Birmingham Symptom Specific Obstetric Triage System

Midwifery Roles - Initial Assessment & Ongoing Care

Maternity Support Worker (MSW) Role

Triage Administrator Role

Registered Nurse Role

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VERSION 1.3	**REVIEW DATE: May 2026**

This SOP is to be used in conjunction with:

- Maternity Triage – Clinical and Operational SOP
- Labour - Care of Woman Guideline
- Recognising the deteriorating Pregnant Woman Guideline
- Antepartum haemorrhage (APH) Management Guideline
- Antenatal CTG Guideline
- Antenatal Clinical Risk Assessment Guideline
- BSOTS Algorithms
- Escalation Guideline
- Hypertension in Pregnancy Guideline
- Labour - Care of Woman Guideline
- Preterm Labour and Birth prevention and management Guideline
- Reduced Fetal Movements Guideline
- Roles and responsibilities of the Consultant providing acute care in Obstetrics and Gynaecology SOP
- Sepsis Guideline
- Spontaneous Rupture of Membranes SROM at Term Guideline
- Tommy's application Guideline

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BACKGROUND

Maternity Triage is where antenatal, suspected labour and postnatal women are seen and assessed for unscheduled care.

As part of this assessment, women undergo clinical triage, ideally within 15 minutes of arrival, to determine the priority of their care and treatment based on the severity of their presenting complaint.

Triage is performed using the locally adapted Birmingham Symptom-specific Obstetric Triage System (BSOTS©) in Badgernet, which includes a standardised initial assessment by a midwife and the allocation of a category of clinical urgency using prioritisation algorithms.

The system also guides timing of subsequent assessment and immediate care and obstetric review (if required). This ensures that women are given advice, care which is timely and appropriate or transferred to the clinical area that is most suitable to their individual needs. This system is to be used in conjunction with the relevant clinical guidelines.

There may be occasions where staff are unable to facilitate triage such as due to a lack of staff or episodes of especially high acuity. The escalation pathway for such occasions is described within this SOP.

Women who are attending a Scheduled Care appointment in maternity triage have a pre-arranged timed slot and so are outside of the triage process.

AIMS

The aim is to:

- facilitate a standardised triage process and clinically prioritise care for women attending triage for unscheduled care.
- ensure the safety of the women and their fetus
- provide a clear description of the role of Midwives, Maternity Support Workers (MSWs), Triage Ward Administrators and Registered Nurses that may work within the Maternity Triage setting
- Ensure all staff groups within Triage are aware that the responsibility for the clinical prioritisation for unscheduled care for women remains with the Midwife

SCOPE

This SOP applies to all women who are assessed in Triage within ASPH maternity services.

This guidance is relevant to following staff groups:

- All midwifery, nursing and maternity support workers working in the maternity service.
- All medical staff working within Obs and Gynae team – Consultants, Middle Grades and Juniors
- All staff working to manage the patient pathway –admin and operational staff.

TRIAGE STAFFING MODEL

Maternity Triage is staffed 7 days a week, 24 hours a day

The staffing template will include:

- 2 x Midwife – inc. 1 x Band 6 or above
- 1 x Maternity Support Worker (MSW)
- 1 x Ward Administrator (24/7)
- 1 x Registered Nurse (if 2nd Midwife not available, as there must be a minimum of 2 Registered Professionals at all times)

The two Triage midwives have separate roles; Initial Assessment and Continuing Ongoing Care.

When there is only a single midwife on duty in Triage, their time will be split between performing triage and providing immediate care. They will be supported by the triage team including a Registered Nurse and a Triage MSW.

The expected roles of the Triage MSW and the Registered Nurse and are clearly set out in Appendix 3 and Appendix 4, with expected clinical skills/ competencies.

Registered Nurses are not to perform any aspects of fetal monitoring or palpation of the pregnant uterus, however with appropriate training and completed competencies will be able to triage, assess and provide nursing care to women at gestations of under 20 weeks.

The obstetric team available are:

- Labour Ward SHO
- Labour Ward Registrar
- On-call Consultant

For obstetric review, the pathway is dependent on BSOTS© clinical prioritisation tool.

CLINICAL AND OPERATIONAL OVERSIGHT

- Clinical oversight of Triage is the responsibility of the Consultant on-call, Labour Ward Team Leader and MOC (Maternity Operational Coordinator) where rostered.

- A request for support or escalation from the Triage team should prompt senior input by either the Team Leader, MOC or Obstetric team.

- Structured reviews of the Triage caseload and acuity will take place at regular intervals throughout the day.

- The MOC, Team Leader in the absence of the MOC, will undertake a review of the staffing and acuity 4 hourly, in line with the Trust site team reporting structure. The findings will be reflected on the Bleep Log and the Maternity Acuity Tool. Staff redeployment and support delivered will be annotated on the Bleep Log and reported to the Trust site team 4 hourly, as per established sit rep reporting process.

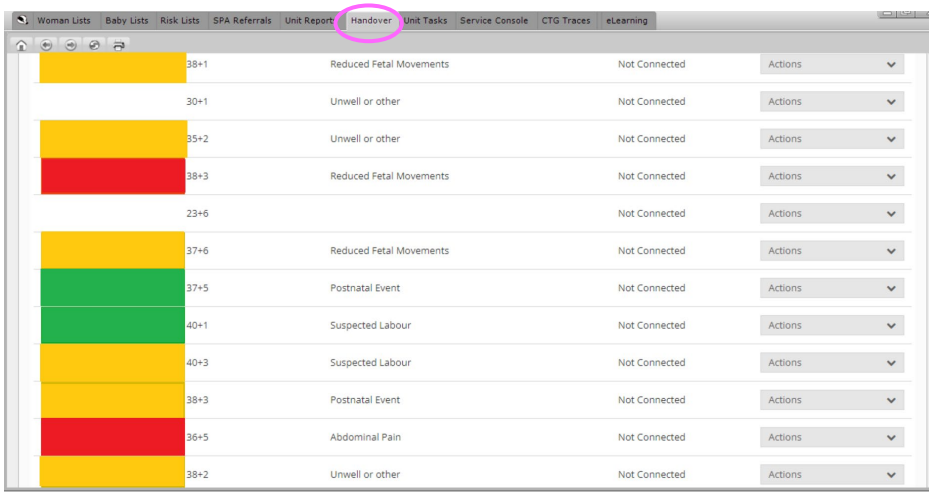
- The twice daily Consultant led MDT ward round will include a structured board round in Triage with the Triage team.

- The daily MDT safety huddle at 1145 in Labour Ward Handover Office will review Triage caseload and acuity.

- Twice daily obstetrics and gynaecology handover will include Triage with the outgoing SHO and Registrar handing over the caseload to the incoming team.

- Twice daily Labour Ward Team Leader handover will include a review of Triage acuity and staffing.

- Live Triage acuity can be seen on the BadgerNet live whiteboard on any computer but also in the Triage and Labour Ward Office screen (see example below)



TRIAGE CRITERIA

Maternity Triage criteria:

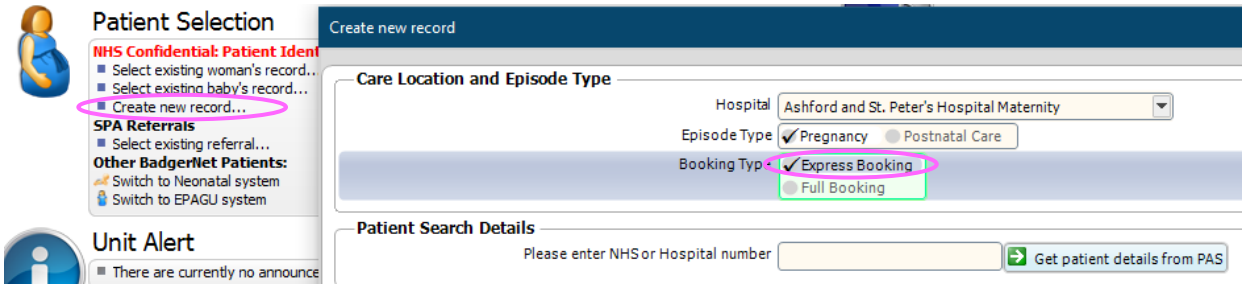
- Women booked for maternity care at ASPH.
- ≥ 12+0 weeks gestation or postnatal (within 6 weeks of birth)
- Require urgent assessment for a pregnancy related problem
- Women booked for maternity care at another unit – will usually be seen and assessed in line with this guideline

Women attending triage outside the referral criteria:

- Women who are ≤ 11+6 weeks gestation with pregnancy related problems should be referred to Early Pregnancy Unit (Mon-Fri 09.00-17.00) and the Emergency Department (ED / A+E) at any other time.

- Women who are un-booked for maternity care/ uncertain of gestation / uncertain if pregnant will have a review of the reason for attendance by the Triage midwife or nurse and observations if indicated. They will either be redirected to a more appropriate clinical area or reviewed in maternity Triage dependent on the clinical picture.

ALL attendances should be documented on the Triage Record Sheet, Cerner and Badge Net. This may mean creating a new Pregnancy episode just for this attendance (see below).



REFERRAL PROCESS

Women are advised to phone the Call a Midwife advice line (Surrey Heartlands LMNS) with any pregnancy related concerns, who will arrange review in Triage if appropriate.

Women can also be referred by their community midwife, GP, ANC, or other health professionals. The woman's details and the expected attendance time will be communicated by phone call to the Triage Ward Administrator (or MSW / Nurse/ Midwife in their absence). If there is clinical uncertainty on the part of the referrer, then guidance should be sought from the Triage midwife.

Expected attendances should be recorded on the whiteboard in the Triage Office with the woman's initials and expected time of arrival. The Triage Midwife should also be informed of these women, in order to manage acuity.

Any clinically urgent referral should include a verbal handover to the midwife using an SBAR handover. The Triage Midwife must escalate via the Labour Ward Red Phone **(ext. 2160)** to alert the wider team of any impending clinical emergency arrivals.

The MSW/ Ward Clerk/ Nurse should under no circumstances undertake telephone triage of a woman who is calling with clinical concerns. These calls should be passed onto the triage midwife or the shift leader / MOC if they are not available.

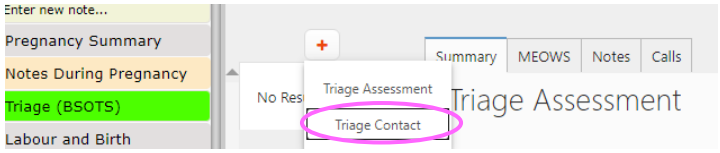
All telephone communication should be recorded on BadgerNet under
'Triage (BSOTS)' > 'Triage Contact'

TELEPHONE CONTACT WITH TRIAGE

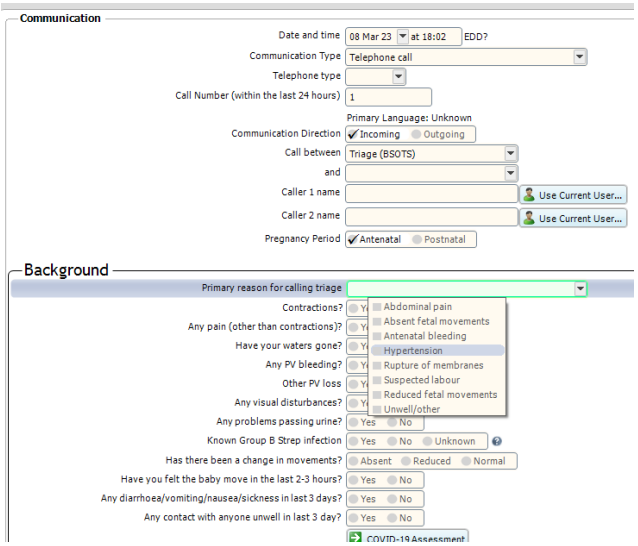
Public Triage number is 01932 722835
Internal Triage number is 01932 722904

- Triage calls can be answered by any of the Triage Team, however any required clinical guidance must go through the Triage Midwife. If the Triage midwife is required and unavailable, then the call should be diverted to a Labour Ward Midwife or the Team Leader.

- Details of the call to be recorded as a communication note on BadgerNet



- The woman's maternity notes, previous risk assessment and any previous calls should be reviewed. Best practise is to visualise the patients notes whilst on the telephone to the patient. You can then ascertain number of contacts and depth of potential problem.



- The outcome is to either give immediate advice and reassurance, invite the woman into triage for further assessment or to signpost to other providers such as GP/Urgent Treatment Centre / ED.

- Any 3rd phone call / contact over a few days for the same clinical concern should prompt a face-to-face clinical review and is not appropriate for advised over the phone.

ARRIVAL TO TRIAGE & INITIAL TRIAGE ASESSMENT (within 15 minutes of arrival)

Upon arrival the ward administrator should write the woman's initials and time of arrival on the whiteboard and inform the Triage team. The woman will have her attendance admitted onto Cerner. The women should wait in the allocated waiting area until called to Triage.

Women presenting with possible COVID or flu will be managed in line with the Trust IPC guideline. An asterisk will be written next to the name when women share the same initials to alert staff.

Upon patient arrival, the MSW should:

- Show the woman to the Triage Assessment Room (if not available ask Triage midwife for alternative space)
- Verbally inform Triage midwife of woman's arrival to ensure Initial assessment is commenced within 15 minutes
- If Ward Administrator not available, Band 3 MSWs are to admit/ discharge/ transfer women on Cerner in real-time ***(See Appendix 2).*** Band 2 MSWs do not currently have this function on Cerner.

Woman will wait in the waiting area until called to Triage. Women presenting with possible COVID, or flu should be managed in line with the Trust IPC guideline.
If a woman cannot be initially assessed within 15 minutes, this must be escalated to the Triage midwife immediately who should follow the 'Maternity Triage Escalation Flowchart'.

When there is only a single MSW on duty between Labour Ward and Triage their time will be split between supporting both areas; MSW support will be mobilised from around the unit where possible to assist in Triage/on Labour ward. The Labour Ward MSW will also support Triage in times of high acuity, as prioritised by the Labour Ward Team Leader.

The Triage midwife will take a history and select the appropriate 'reason for attending triage' within the BadgerNet BSOTS pathway depending on symptoms and clinical priority.

There are 8 pathways, which cover the most frequent Triage presentations:

- **Antepartum haemorrhage**
- **Abdominal pain**
- **Hypertension**
- **Postnatal**
- **PPROM**
- **Reduced fetal movements**
- **Suspected labour**
- **Unwell/Other (should be used if the presentation does not fit any of the other presentations)**

The Triage Midwife will allocate a colour to show clinical priority, highlighting how urgently further investigations should take place (e.g., CTG, reviews, bloods etc).

Criteria is shown on the right-hand side of BadgerNet menu once reason for attendance is selected. ***(See Appendix 1)***

Categories of urgency are:

- **Red**- should be seen immediately and transferred to labour ward.
- **Orange**- should be seen within 15 minutes and remain in Triage.
- **Yellow**- can return to the waiting area and be seen within 30mins or 1 hour dependant on chosen pathway.
- **Green**- can return to waiting area and seen within 4 hours.

Following initial assessment, women should be informed of when they are likely to be seen, this will be based on clinical priority, not time of arrival. Women should be communicated with regularly to inform them of wait times.

On occasion women may be required to attend triage for scheduled follow ups outside of MDAU opening hours. In this instance a BSOTS assessment should still be opened and the 'Unwell/Other' pathway should be used to assess clinical priority.

The Triage Team must update the whiteboard with the woman's initials, Time of Arrival and Time of Initial Assessment using the correct colour magnet. The time of any ongoing observations that may be due should also be written on the whiteboard.

ONGOING CARE

Ongoing care describes the subsequent assessment and treatment of the woman and her baby following the initial midwifery assessment and allocation of urgency. Standardised immediate care and investigations are directed using BSOTS© and the symptom specific pathway in BadgerNet in conjunction with the relevant clinical guidelines.

Following completion of the immediate investigations and reviews, women will either be admitted or discharged with appropriate follow-up appointments arranged as necessary.

Women should NOT be advised to call and arrange their own follow up. MSWs, Registered Nurses and Ward Administrators should support the Triage Midwife to make follow-up appointments and referrals as needed, including contacting women who do not attend and completing appropriate documentation.

MSWs should perform tasks for ongoing care as requested by the ongoing care midwife and document tasks appropriately on BadgerNet within the Triage Assessment. MSWs should escalate any concerns and handover concerns/deterioration via SBAR, including MEOWs scores.

The Triage Assessment Room should be always available and women should be moved to bays/ waiting area (as appropriate) facilitate a quick turnaround of areas. **The Triage team should ensure the Triage Assessment Room and bays are always clean and ready for use.**

The whiteboard, BadgerNet and Triage Record sheet will be updated as reviews are completed - a midwife review and/or obstetric review as appropriate. The Midwife will capture the timings of request for Obstetric review, arrival time and any non-attendance or clinical escalation within the BSOT's pathway on BadgerNet. **(See Appendix 1)**

INDICATIONS FOR OBSTETRIC REVIEW REGARDLESS OF LOCALLY ADAPTED BSOTS PATHWAY

Any third contact or third presentation within 72 hours for the same clinical concern should prompt a senior obstetric review and consideration of admission and Consultant review.

Particular attention should be given to women / patients who have recurrent attendances or those in whom there is not a clearly established diagnosis. Creating psychological safety so that all members of the multi-professional team feel able to escalate concerns will optimise care for a woman with complex needs. Women can still obtain an Obstetric review if the Midwife deems there is a need; escalation to the Obstetric team should follow.

OTHER ROLES AND RESPONSIBILITES OF THE TRIAGE MIDWIVES

- **BLOOD AND MICROBIOLOGY RESULTS** – It is the responsibility of the triage midwives to ensure that all blood and microbiology samples that are taken are recorded, chased and actioned accurately and within appropriate time frames.
    - All samples taken should be written clearly and legibly in the triage results diary – information should include full name, hospital number, type of sample and any

relevant clinical information. This should also be recorded on BadgerNet.

- Samples should be written in the diary on the day that they need to be chased not the day that they are taken. Bloods are generally the same day for urgent bloods, next day for non-urgent. Leave 3 days for urine cultures and 5 days for any microbiology swabs.
- If samples are not yet back on the day they are chased, please move all of the information to the next day to ensure it is chased again and not missed
- Once results are chased please ensure it is clearly documented that it has been followed up in the diary and that the results are documented on the patients BadgerNet record to ensure they too can see the results. It is acceptable that normal results are documented on BadgerNet only and do not need to be communicated with patients by phone.
- Blood results can be interpreted by a midwife as part of a full clinical picture, if they are competent to do so (in line with the midwifery TNA). If any uncertainty or any abnormal results, these should be reviewed a doctor and appropriate follow up made.
- It is appropriate for a midwife to review a urine or swab result and document as normal but any abnormal results should be reviewed by a doctor to ensure the patient is receiving the correct treatment and follow up
- Ensure any actions and follow ups are clearly documented in BadgerNet
- Ensure any results that require any actions or follow up are communicated with the patients in a timely manner
- If you are unable to contact the patient over the telephone, please ensure it is clearly handed over to the next team to follow up and contact. If they are urgent results that require immediate actions consider alternative methods of contacting the patient such as contacting next of kin or home visit after escalating to the ward manager/team leader/MOC.
- Once the results have been followed up for that day scan the QR code and sign for the check.

- **SAFETY & EQUIPMENT CHECKS** – Ensure triage environment remains safe, clean and decluttered. Ensure area is well stocked and ready for use. Triage MSW/RN can support with these tasks as needed. Ensure triage daily checks are completed and QR codes are scanned and completed.
- **MEDICATION TROLLEY** - Drug cupboard stock to be checked daily by the midwife and topped up as required. TTO's to be ordered using pharmacy order form if required. Ensure pharmacy WOW remains tethered to the wall and drug trolley key is kept on the midwife.
- **SUPPORT JUNIOR COLLEAGUES/AGENCY STAFF** – alongside the triage ward manager/MOC ensure junior staff or staff unfamiliar with working in triage are orientated and aware of their roles and responsibilities as per this SOP.

NON-ATTENDANCE

If a woman has not attended Triage after she is expected to via a referral/ self- referral after 4 hours, the Triage midwife should ensure a phone call takes place directly to the woman.

If a woman decides that they no longer need to attend this should clearly documented under communication on BadgerNet and any follow-up that has been put in place.

If it has not been possible to make contact, a phone call should be made to the relevant Community Team Leader and Midwifery Manager on Call (MOC) to arrange an urgent welfare check at the usual place of residence. The triage midwife should send a follow up e-mail to the Community Team Leaders **asp-tr.community-team-leaders@nhs.net** & named midwife.

If a woman contacts Triage directly and the midwife taking the call assesses the clinical need as urgent requiring immediate medical attention, contact with SECAMB should be made. It is preferable that the woman uses another phone to call 999 directly and stay on the phone with the Triage midwife until contact with SECAMB has been confirmed. If the woman does not have access to an additional phone, she should be advised to hang up with the Triage midwife and call 999 directly.

In the event that a woman has to hang up with the Triage Midwife before contact with SECAMB is made and does not attend Maternity Triage within 30 minutes of this, the Triage midwife should contact **Call A Midwife Line on 07442 845966 (this number should not be given to women) or 0300 123 5473**. In the event that the line is closed, the Triage Midwife should call 999 directly for follow-up. If no contact has been made at this point, a phone call should be made directly to the woman or Next of Kin (identified from booking information). If no contact is possible or there are further concerns a welfare check should be organised in conjunction with the Labour Ward Team Leader/ MOC and arranged either via Maternity Staffing or Police.

If contact with SECAMB is confirmed on the initial phone call to the Triage Midwife but the woman does not arrive within 1 hour, the above process should be followed.

All communication and DNA concerns should be clearly documented within BadgerNet.

Any contact that the Triage Midwife assesses as requiring urgent immediate medical attention via 999/ SECAMB should be escalated to the Labour Ward Team Leader/ MOC.

ESCALATION

Escalation may be required due to a lack of staff, or insufficient staff for the acuity. Diversion of the Call a Midwife to ASPH maternity triage represents a significant workload and will be included in the escalation response.

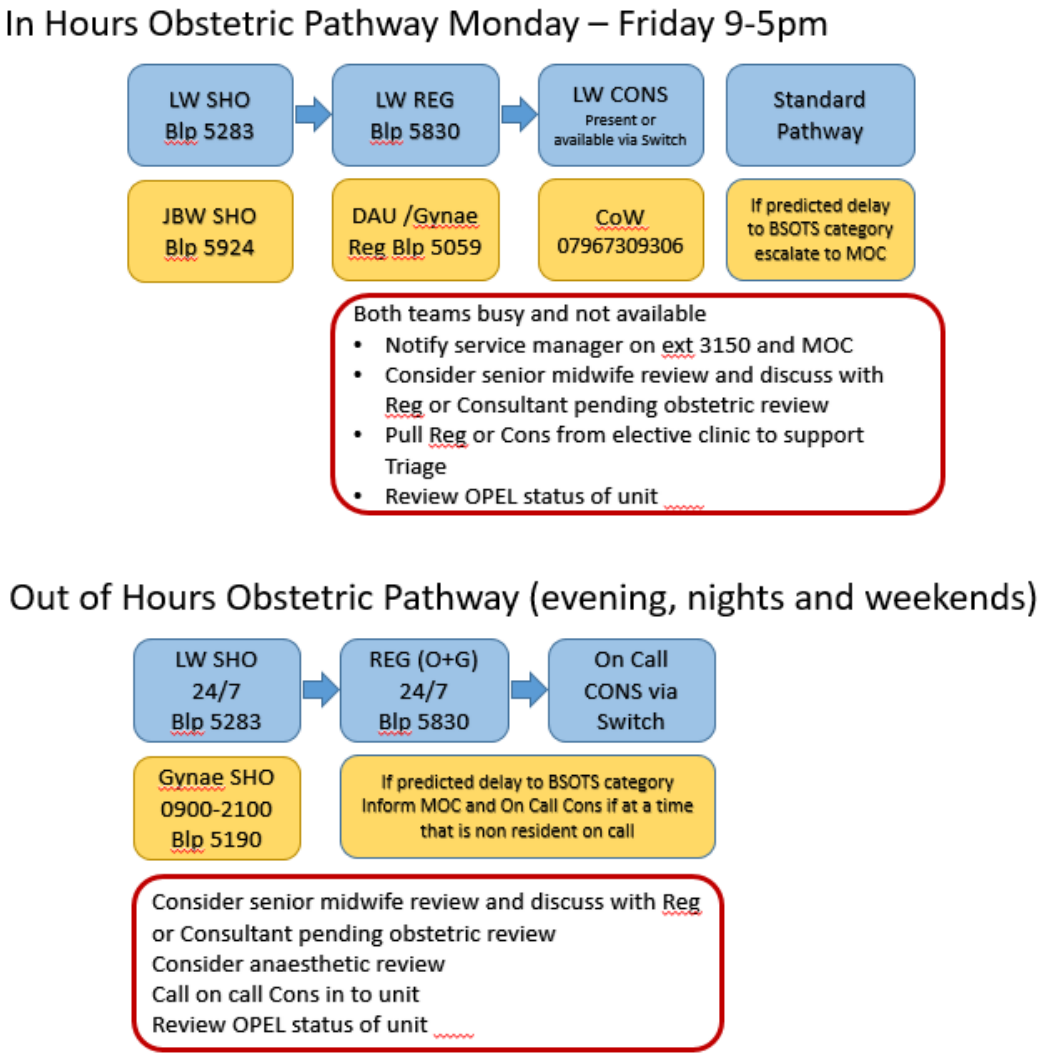
The Triage Midwife/Midwives will escalate to the MOC (Team Leader, in their absence) if support is required on 07789 270606.

The MOC/Team Leader will refer to and follow the Escalation Policy as appropriate. Any escalation or redeployment carried out will be captured on the Bleep Log.

The Senior Manager on Call (SMOC) is available for further escalation as per Escalation Policy.

Staffing updates via Sitrep and MOC are provided to CAT meeting- CSNPs for Trust support if unresolved in the unit.

Escalation pathway for obstetric review:



AUDIT

This SOP will be formally reviewed on an annual basis to ensure the relevance of the document. Any changes in the process within this period will be added to the SOP and reported to the Clinical Governance team. Review of audit data will form part of the monthly Perinatal Governance meeting and form part of annual quality assurance plan. Live audit data will be discussed weekly at the Maternity Safety summit meeting.

RISKS

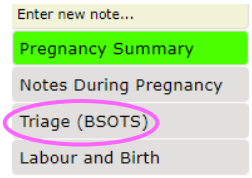
The SOP becomes out of date with new information and practices.

References:

1. Kenyon S et al. The design and implementation of an obstetric triage system for unscheduled pregnancy related attendances: a mixed methods evaluation. BMC Pregnancy and Childbirth (2017) 17;309
   DOI 10.1186/s12884-017-1503-5

Appendix 1: Triage Midwifery Roles

Initial Assessment Midwife:

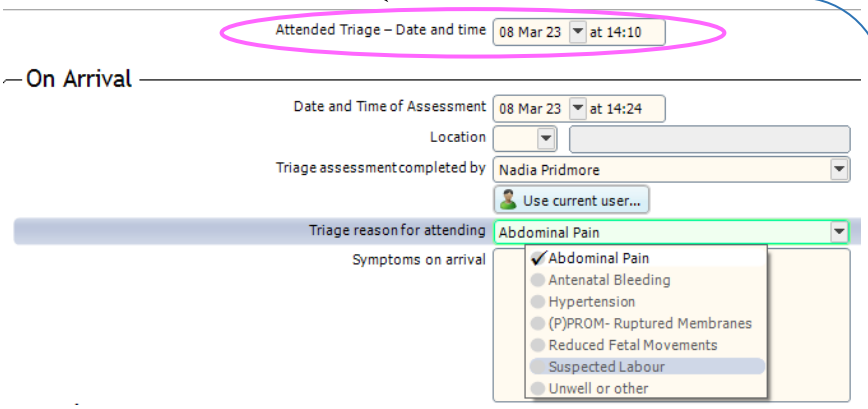


- Open **Triage Assessment** and **check Time of Arrival is correct**

  Time of arrival must be before time of assessment

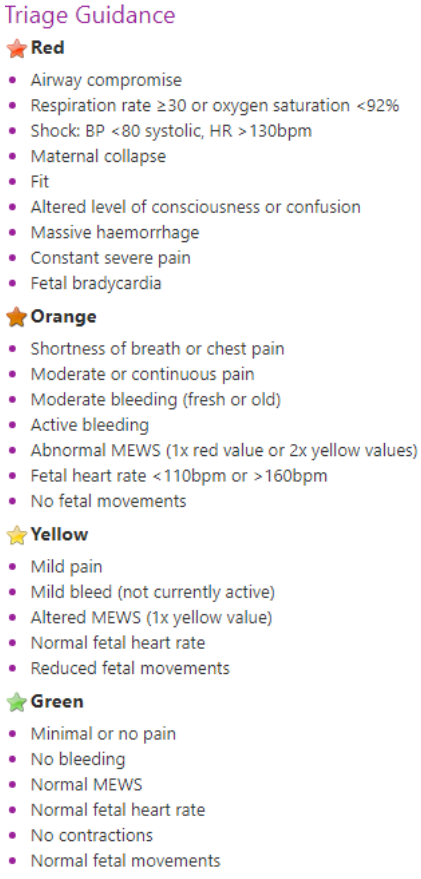
- **Start Initial Assessment in real-time within 15 minutes**
- Midwife/ Registered Nurse to complete 1st set of full initial observations

  (MSWs can complete observations for ongoing care)

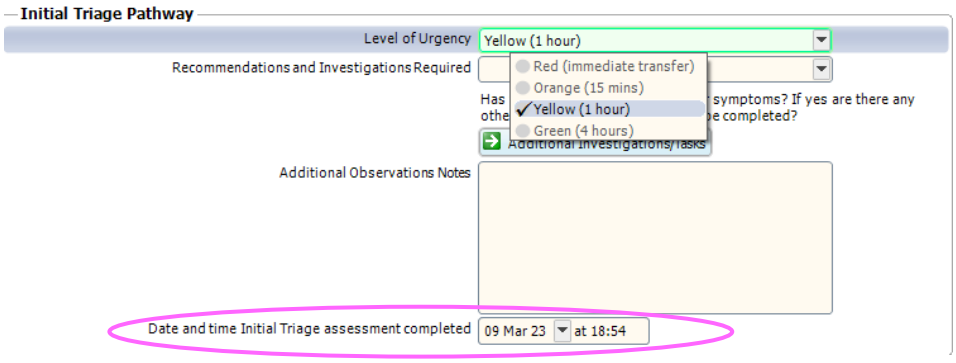


Remember to check BadgerNet for any bereavements during the initial assessment as re-visiting Triage may be very distressing for some women and should form part of appropriate ongoing care

- Determine reason for attendance and determine category dependant on presentation (Green/ Orange/ Yellow/ Red) Abdo Pain example
- All Triage presentations must use the BSOT's proforma; including postnatal presentations- do not use a postnatal assessment form



- Ensure whiteboard is up to date, including next expected time for observations etc.
- Handover care to Ongoing Care Midwife. Ensure **Level of Urgency** is entered and **Additional Investigations/ Tasks**
- Ensure **Date & Time Initial Assessment Completed** in real-time



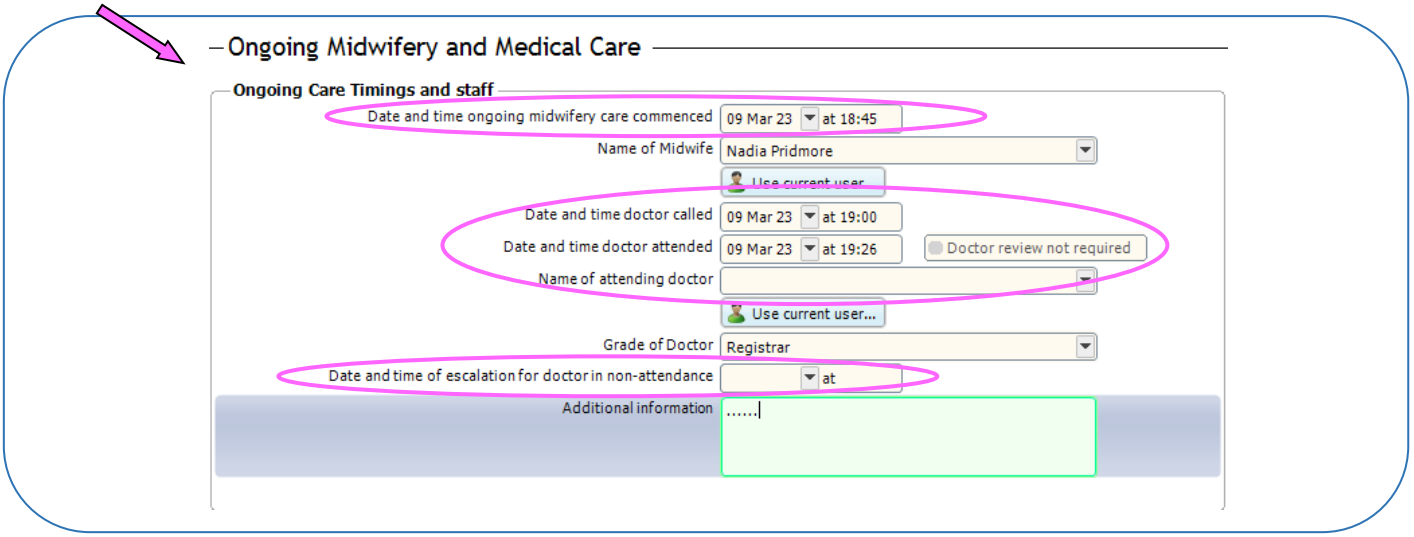
- Move woman out of Assessment room to waiting area/ Bay in Triage/ Labour Ward/ Observation Bay as appropriate.
- **Do not start ongoing Care/ CTGs in Assessment Room- this must be kept free**

If a woman cannot be initially assessed within 15 minutes, follow **'Maternity Triage Escalation Flowchart'**

- A request for support or escalation from the Triage team should prompt senior input by either the Team Leader, MOC or Obstetric team

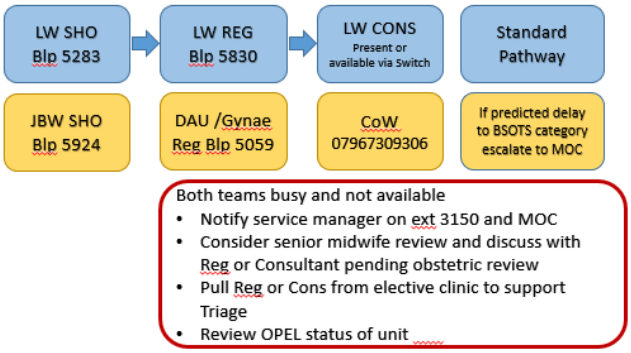
Ongoing Care Midwife:

- Document **Date & Time Ongoing Midwifery Care Commenced** in real-time

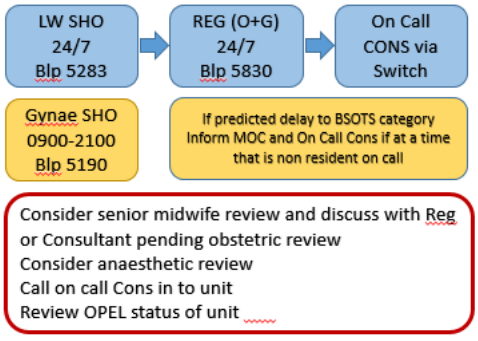


- Continue individualised ongoing care, as per guidelines, dependant on reason for admission and BSOTS colour category for urgency.
- Inform doctor of need for review and BSOTS colour category, if required
- **Document Date & Time doctor called or tick box if not required**
- **Document Date & Time doctor attended**
- **If doctor unable to attend follow appropriate escalation pathway and document**

In Hours Obstetric Pathway Monday – Friday 9-5pm



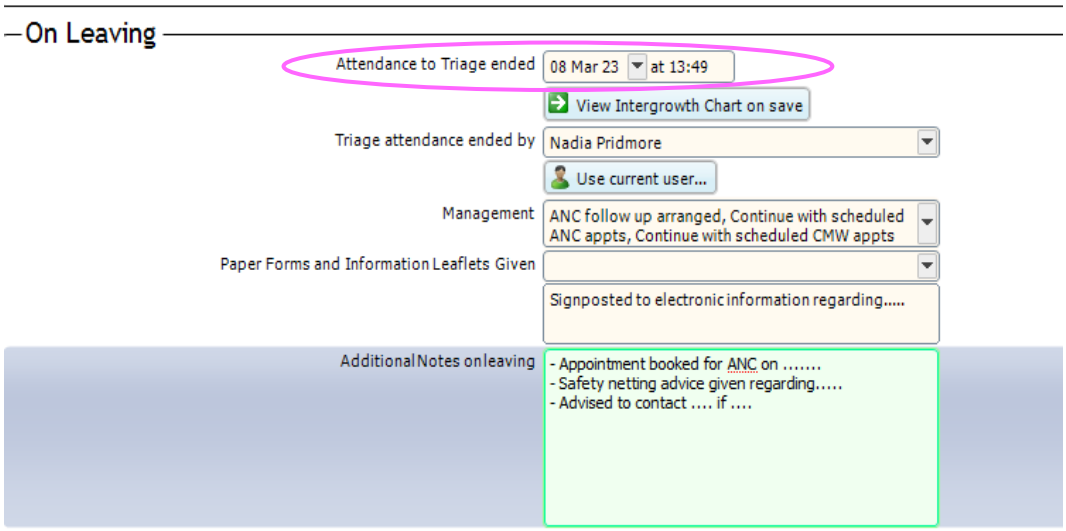
Out of Hours Obstetric Pathway (evening, nights and weekends)



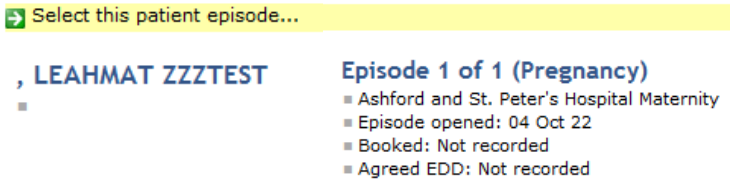
Please ensure all CTG's are connected to Centrale Monitoring and this is displaying on the screen in the Triage Office correctly with correct patient details

(this is a mandatory requirement)

- Ensure **'On Leaving'** information filled in correctly with additional information where required

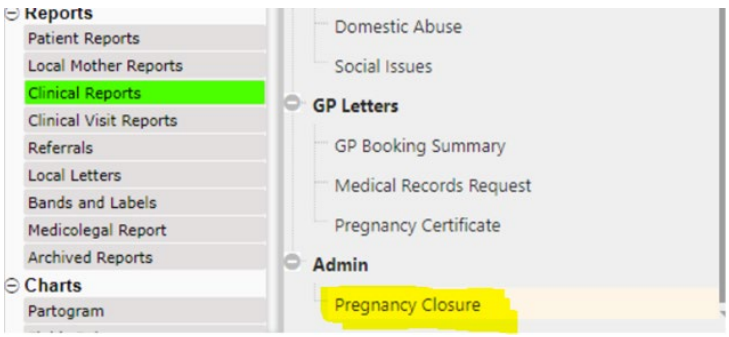


- If patient is able to be discharged from Triage after a doctor review has been carried out but the doctor has not been able to document in real-time (e.g. Called to theatre)- please ensure a plan is documented so you can end the BSOTS assessment accurately and send the woman home. The doctor can then later document retrospectively.
- **OUT OF AREA:** If seeing a woman who is Out of Area and will not be booking with ASPH or is unlikely to receive ongoing care, please ensure their Pregnancy Episode is closed when they leave Triage.



- <u>When you have closed the pregnancy:</u>

  Send the Pregnancy Closure to GP and HV by confirming and sending Closure Report in Clinical Reports



Appendix 2: Triage MSW Role

- Show the woman to the Triage Assessment Room (if not available ask Triage midwife for alternative)
- Verbally inform Triage midwife of woman's arrival and make a note of arrival time if this can't be documented in real time
- If Ward Administrator not available, Band 3 MSWs are to admit/ discharge/ transfer women on Cerner in real-time. Band 2 MSWs do not currently have this function on Cerner

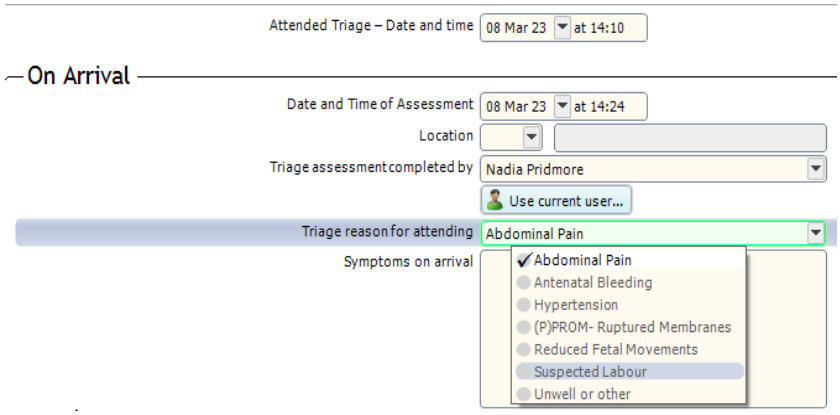
Time of arrival must be before time of assessment

- Once **Triage Assessment** opened:

  -Midwife to document **Time of Arrival and Initial Assessment**

  -Midwife/ Registered Nurse to complete 1st set of Initial observations. Midwife to start Initial Assessment within 15 minutes

  MSWs can complete observations for all continuing care but not initially



- **Whiteboard in Triage Office:**

  - Document woman's initials and MRN, time of Arrival and time of Initial Assessment

  - Allocate colour magnet (clinical priority) determined by Midwife (Red/ Orange/ Yellow/ Green)

  - Ensure observation times/ review times are correct and reflected on BadgerNet as ongoing care continues

- Communicate regularly with women regarding expected wait times
- Assist with patient transfers to Obs Bay/ Ultrasound/ Joan Book Ward/ Imaging etc. (Midwife maintains responsibility for SBAR handovers and oversight)
- Perform tasks for ongoing care as requested by Midwife (e.g. ECG, bloods, cannulation, further obs) and document appropriately on BadgerNet within Triage Assessment
- Ensure Triage Assessment Room and bays are clean and ready for use at all times
- Answer Triage phone if Midwife unavailable

- Support Triage Midwife to make follow-up appointments and referrals as needed, including contacting women who do not attend and completing appropriate documentation

MSW Essential Required Skills:

- ❖ Completion of BSOTS Online Training
- ❖ Knowledge of BSOTS Categories and colour levels of urgency
- ❖ Venepuncture Competency signed-off
- ❖ BadgerNet Access and ability
- ❖ Cerner access and training
- ❖ Maternal Observations (including Blood Sugar Monitoring)
- ❖ Urinalysis
- ❖ Swab cultures

MSW Desirable Required Skills:

- ❖ Cannulation
- ❖ ECG
- ❖ Neonatal Observations

(Registered Nurses are also able to complete all above tasks once Obstetric Nursing Competency complete)

Appendix 3: Triage Administrator Role

- Be able to work independently within the Maternity Triage/ Labour Ward whilst managing own workload, prioritising as necessary
- Exercise independent judgement and initiative when problems arise taking the necessary action to resolve the problems
- Any sickness/ lateness/ leaving early must be reported to **Manager on Call (MOC) 07789270606**. If they are not available please inform the Labour Ward Team Leader
- Answer phone and update whiteboard with patients to come in from 'Call A Midwife' advice line and inform Triage midwife- If clinical discussion required/ patient calls themselves this call must take place with the Triage Midwife
- Deal with patient enquiries and escalate to Triage Midwife/ Team Leader as appropriate
- Maintain appropriate stock levels in Triage via Oracle ordering
- Support the Triage Midwife to make follow-up appointments and referrals as needed, including contacting women who do not attend and completing appropriate documentation.
- To report IT /systems errors on Hornbill
- To record the daily checks on the 24/7 computers
- Report faulty equipment to Estates ext. 2882 with EBME number and ensure job number is recorded on spreadsheet

T:\Maternity\Labour Ward Management\Estates, Equipment, Electrical\Estates & IT Requests

- Greet woman. Add name, time of arrival, DOB and MRN to Ward Clerk Diary
- Admit/ Discharge/ Transfer to relevant clinical area as appropriate on Cerner
- Ensure Bed Boards are up to date
- Ensure Patient Demographics and all Patient Episodes are up to date
- Ensure Patient GPs are up to date, as this will impact follow up care if not
- Document final destination and time in Ward Clerk Diary
- **Live Filing for patients that are currently pregnant/ in unit:**

  -Check HIM tracking to see if Blue patient specific folder already available. Add filing to folder if available, if not create new blue folder and file and track to Maternity Reception (MUR)

- **Loose Filing for patient that have already been discharged from Maternity Care:**

-Check BadgerNet/ HIM tracking to determine if current or discharged patient

-If current patient- follow live filing steps above

-If discharged patient- Blue folders will have already been sent to coding/ pre-scan. Check BadgerNet and create Evolve sheet with discharge date. File with appropriate Barcode Cover Sheet (Green file), and 'Start of File' sheet (from box in reception). These cannot be photocopied as all have individual barcodes- can be printed from Intranet on ESR resources.

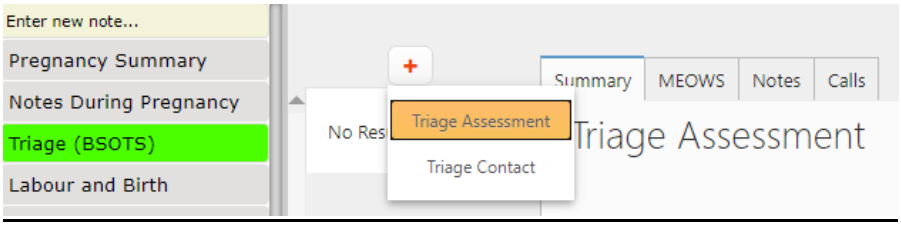
Essential Triage Administrator Clerk Skills:

- Cerner
- BadgerNet
- Hornbill
- Ward Clerk Diaries
- Knowledge of BSOTS Categories and colour levels of urgency
- Oracle
- Evolve & Electronic Medical Records (for printing Evolve sheets)

All responsibilities include patients presenting to Labour Ward as well as Maternity Triage

Appendix 4: Registered Nurse Triage Role (if no 2nd Midwife available)

- All tasks as per MSW role, including admitting and discharging women in real-time on BadgerNet, Cerner and the whiteboard
- Show the woman to the Triage Assessment Room (if not available ask Triage midwife for alternative)
- Open **'Triage (BSOTS)' > 'Triage Assessment'** on BadgerNet



- Verbally inform Triage midwife of woman's arrival
- If Ward Administrator not available, MSW to admit/ discharge/ transfer women on Cerner in **real-time**

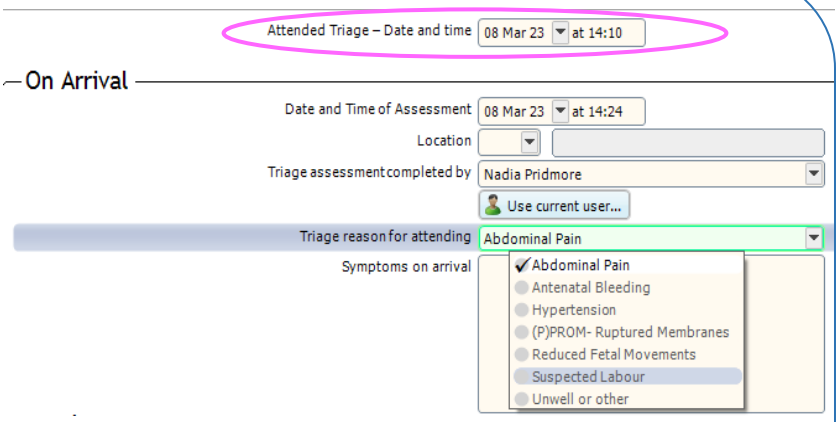
  Time of arrival must be before time of assessment

- Once **Triage Assessment** opened:

  -Document **Time of Arrival and Initial Assessment**

  -Midwife/ Registered Nurse to complete 1st set of Initial observations. Midwife to start Initial Assessment within 15 minutes

  MSWs can complete observations for all continuing care but not initially



- **Updating the Whiteboard in Triage Office:**

  - Document woman's initials, Time of Arrival and Time of Initial Assessment

  - Allocate colour magnet (clinical priority) determined by Midwife (Red/ Orange/ Yellow/ Green)

  - Ensure observation times/ review times are correct and reflected on BadgerNet as ongoing care continues

- Communicate regularly with women regarding expected wait times

- Assist with patient transfers to Obs Bay/ Ultrasound/ Joan Book Ward/ Imaging etc. (Midwife maintains responsibility for SBAR handovers and oversight)
- **In addition: Medication and IV fluids administration & completion of relevant documentation in Cerner and on BadgerNet**

Essential Obstetric Nursing Skills:

- ❖ Completion of BSOTS Online Training
- ❖ Knowledge of BSOTS Categories and colour levels of urgency
- ❖ BadgerNet Access and ability
- ❖ Cerner access and training
- ❖ Maternal Observations (including Blood Sugar Monitoring)
- ❖ Urinalysis
- ❖ Swab cultures
- ❖ Medication administration
- ❖ IV fluid administration

Additional skills as per Obstetric Nurse Competency:

- ❖ Wound Care/ PICO dressings
- ❖ Pre-Operation preparation as needed
- ❖ Catheterisation
- ❖ Venepuncture
- ❖ Cannulation
- ❖ ECG
- ❖ Neonatal Observations

Registered Nurses are not to perform any aspects of fetal monitoring or palpation of the pregnant uterus