

# NASG TRANSFER



Referring and Transporting  
Women in the NASG

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## Referring and Transporting Women in the NASG

If you have placed the NASG on the woman at a facility where she cannot receive definitive treatment (e.g. blood transfusion, surgery), you must transfer her to a higher level facility for further evaluation, definitive care, and/or a blood transfusion. Any patient who requires the NASG is in shock and at risk of death or organ failure and must be transferred to a Comprehensive Emergency Obstetric Care (CEmOC) facility once the NASG is placed.

Many systems use a “Referral Form” when transferring a patient from one level of the health care system to another. If your system uses such a form, please fill it in and send with the patient. If the Referral Form does not include information about the NASG already, you could write in the time and date when the NASG was placed on the woman. If your system does not use a Referral Form, the attached “[Sample Referral Form](#)” could be sent with the woman to help improve her care at the referral facility (See Pg. 13).

When possible, only send a patient to a hospital that has staff trained on the NASG because they will know the correct protocol to monitor the patient or the correct NASG removal protocol. Removing the NASG prematurely (before the woman is stable) or incorrectly (for example, opening the abdominal segment first) could cause the woman to rapidly return to profound shock. In cases where the woman must be transferred to a facility without a clinician trained in NASG protocol, if possible, you or a colleague or family member should accompany the patient to the facility to explain that the woman will return to shock if the NASG is removed before she is stable. You could also bring/send a copy of the [NASG Removal Job Aid](#).



## STEP 1

Apply the NASG as outlined in the Application Unit.



Apply the NASG  
(See Application Unit)

## STEP 2



Follow Haemorrhage and Shock Protocols for your setting.

For example, start an IV, give uterotonics.



Start an IV, give uterotonics



## STEP 3

Depending on local protocols, fill out a Referral Form. If your setting uses a Referral Form, but it does not have the NASG on it, add the date and time of NASG application. If your setting does not use Referral Forms, you could use the [Sample Referral Form](#). (See Pg. 13) Or you could write out a “form” on a piece of paper including useful information such as the following:

- Name
- Age
- Date/Time of Delivery (if delivered)
- Suspected cause of bleeding
- Date/Time bleeding began
- Estimated Blood Loss
- Date/Time NASG applied
- IV fluids given
- Drugs or medications given
- Date/Time patient left for referral facility

## STEP 4

Whenever possible, telephone the facility you are transferring the woman to so they are prepared for her arrival and know what condition she is in.



**Telephone the facility where  
you are transferring the  
woman**



## STEP 5

- You need at least two people to lift the woman wearing the NASG onto a stretcher.
- Prepare the stretcher and place it close to the patient.
- One person should stand or kneel by the patient's head. One person should stand or kneel by the patient's hips.
- The person by the patient's head should use one arm to lift the patient's shoulders and the other arm to lift the patient's head. The person by the patient's hips should place one hand under the hips and one hand under the knees.
- On a verbal/spoken signal (like "lift" or "go" or "1, 2, 3") from the person at the head, both people should lift the woman at the same time and move her to the stretcher.



**Both people should lift the woman at the same time and move her to the stretcher**



## STEP 6

The two people should lift the stretcher at the same time, and carry the stretcher to a vehicle for transport. If using an ambulance follow the pictures below.



**The two people should lift the stretcher at the same time, and carry the stretcher to a vehicle for transport**



**Ambulance transfers are preferred and should be used when available. However, where there is no ambulance, use other locally available transport**



**Patients can be monitored while in transit, and IV fluids should be continued**



**When exiting the ambulance, make sure both people lift the stretcher at the same time**





## The Patient Must Remain Wearing the NASG During Transport



The patient must remain wearing the NASG during transport

Ambulance transfers are preferred and should be used when available. However, where there is no ambulance, other locally available transport options can be used. The NASG is very flexible. If there is no stretcher, you can carry the woman in a number of ways.



You can lift her and carry her in your arms



You can make a stretcher out of two sticks or boards and some strong material or canvas





If there is no ambulance the woman can ride in the car or in any vehicle



## If Sending a Woman to a Non-NASG-Using Facility

It is safer to send the woman to a facility that knows how to use the NASG. It is most important for the woman's safety that the NASG be removed correctly and at the right time. If you cannot send the woman to a facility that knows how to use the NASG:

- Try to go with the woman so you can explain that the NASG needs to remain until the woman is stable; and/or
- Send a copy of the [NASG Removal Job Aid](#) with the woman.



## *Materials for Practice*

1. NASG
2. Stretcher or means to move patient from home/lower level facility to transport vehicle
3. At least two people to practice lifting the patient onto the stretcher and practice moving the stretcher to the ambulance/transport vehicle
4. A volunteer or a model
5. Transportation (ambulance when possible) to practice moving a woman into. You do not need to practice actual travel to a facility
6. NASG Video (transport training is at the 5 minute 18 second mark (5:18) in the NASG training video)

## *Activity*

Make a list of facilities that provide Comprehensive Emergency Obstetric Care (CEmOC), including blood transfusion and surgery, and are trained in the NASG. Write down the name, location and phone number for each facility. (There may only be one.)



## Learning & Skills Self-Assessment



**IND LEARNER**

You can use this checklist while first learning, practicing, or doing drills by following each step. Practice on another health care worker or on a volunteer, but not on a pregnant woman. Once you feel you know how to transport a patient, you can assess your skills by demonstrating transport and referral on a volunteer or model (without using the checklist), and then reviewing the referral and transport by using the checklist to be sure you completed all the steps correctly and in the right order.

<b>Referring and Transporting a Patient in the NASG [Learner]</b>	<b>✓ Check If Done</b>
<b>STEPS TO REFER A PATIENT</b>	
1. Fill in a Referral Form or make a “Form” from a piece of paper.	
2. Contact Referral Facility.	
<b>STEPS TO TRANSPORT A PATIENT</b>	
1. Use two people to lift the patient.	
2. Prepare the stretcher and place it as close as possible to the patient.	
3. One person should kneel or stand at the patient’s head and the other person should kneel or stand beside the patient’s knees.	
4. The person at the head should place one arm under the patient’s shoulders and the other arm under the patient’s head.	
5. The second person should reach under both knees with one arm and under the hips with the other.	
6. Both people should lift the patient at the same time and move onto the stretcher.	
7. Once patient is on the stretcher, both people should lift both ends of the stretcher at the same time.	
8. Do not remove the NASG while in transit.	
9. Take the patient to hospital where they use the NASG	
10. If not possible to take the patient to an NASG-using facility, bring along instructions on when and how to remove.	

*Review the checklist. If you left out two or more steps, or did them out of order, practice referring and/or transporting a patient in the NASG again.*



## Knowledge Assessment

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*See if you can answer these questions correctly. After you have marked your answers, look below for the correct answers. If you answered any of the questions incorrectly, go back to the section about that topic and review.*

- 1) Name the facility where you will transport the woman in the NASG: \_\_\_\_\_
  
- 2) Which of the following are ways a woman in an NASG could be transported to a referral facility?  
(Tick all that apply)
  - a. Ambulance
  - b. Private vehicle
  - c. Stretcher
  - d. Carried
  
- 3) At least two people should lift the woman in the NASG onto the stretcher **(True/False)**
  
- 4) You should remove the NASG to transport the woman to the referral facility **(True/False)**
  
- 5) All patients who are in shock and are placed in the NASG outside of a referral facility must be transferred so that they can receive blood, surgery, and definitive care **(True/False)**



## Knowledge Answers

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- 1) Name the facility where you will transport the woman in the NASG: \_\_\_\_\_

**Answer: This facility needs to be determined at your site.**

- 2) Which of the following are ways the woman in an NASG could be transported to a referral facility? (Tick all that apply)
- a. Ambulance
  - b. Private vehicle
  - c. Stretcher
  - d. Carried

**Answer: ALL responses are correct. Ideally, a woman should be transported in an ambulance, but if an ambulance is not possible she can be transported using any of the options listed above and any other means of transportation possible.**

- 3) At least two people should lift the woman in the NASG into the stretcher **(True/False)**

**Answer: True.**

- 4) You should remove the NASG to transport the woman to the referral facility **(True/False)**

**Answer: False. You should NEVER REMOVE the NASG during transport. The woman stays in the NASG until after she has reached the referral facility, has been treated, and is stable.**

- 5) All patients who are in shock and are placed in the NASG outside of a referral facility must be transferred so that they can receive blood, surgery, and definitive care **(True/False)**

**Answer: True.**



# Sample Referral Form

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Try to send a “Referral Form” with important information about the patient in the NASG to the referral hospital. If your health system does not have a standard form, this is an example of what information could be on the form. Adapt this form for your situation.

1. Patient Name \_\_\_\_\_
2. Age \_\_\_\_\_
3. Date and Time of delivery (if she is post-delivery) \_\_\_\_\_
4. Suspected cause of bleeding \_\_\_\_\_
5. Date and Time bleeding began \_\_\_\_\_
6. Estimate of amount of blood lost/ number of pads soaked/clothes soaked \_\_\_\_\_
7. Date and Time NASG applied \_\_\_\_\_
8. IV fluids given (if any) write type (example: Ringer’s Lactate, Hartman’s Solution, Normal Saline) and amount (example: 1 liter)
  - a. Type of fluid given \_\_\_\_\_
  - b. Amount of fluid given \_\_\_\_\_
9. Drugs given, if any, type (example: oxytocin, misoprostol), dose (example: 10IU), route (example: IM)
  - a. Name \_\_\_\_\_
  - b. Dose \_\_\_\_\_
  - c. Route \_\_\_\_\_
10. Date and Time Patient Left for Referral Facility \_\_\_\_\_

