

NASG TRANSFER



Referring and Transporting
Women in the NASG

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Referring and Transporting Women in the NASG

In this unit, trainees will learn how to refer a woman in the NASG and how to transport a woman wearing the NASG to a higher level facility so that she can receive definitive care.

Referral process and protocols vary from place to place, so be sure to understand the referral process for the system in which you are training. Some systems use a standardized “Referral Form”. If this is the case where you are training, review the Referral Form with the trainees. If the Referral Form has not been revised to include the NASG, teach the trainees to add the time and date the NASG was applied to the Referral Form. If there is no Referral Form in the system, there is a [“Sample Referral Form”](#) as a handout to the unit. (See Pg. 15)

It is important to note in this unit that transportation options may vary depending on the location, and the trainer must ensure that instructions are appropriate for the setting.

The trainer should research which facilities provide Comprehensive Emergency Obstetric Care (CEmOC) before the training and bring a list of those facilities that provide CEmOC and are using the NASG in the management of obstetric hemorrhage. One activity of the unit is to have the trainees make a list of CEmOC facilities for referral.

Furthermore, not only does the patient need to be transferred to a CEmOC hospital, but she also should be transferred to a CEmOC hospital where the staff knows how to use the NASG. If the staff are not trained on the NASG, they will not know how to monitor the patient or how or when to remove the NASG. Encourage the trainees to either accompany the woman or be sure someone else accompanies the woman. The trainee may need to explain that the woman will return to shock if the NASG is removed before she is stable. You could also help the trainees develop a written guide for facilities that do not use NASGs, if that looks like the only option for referrals. See the [NASG Removal Job Aid](#) for ideas.





OBJECTIVES:

By the end of this session, trainees should be able to:

- Recognize that patients in the NASG must be transported to a higher level CEmOC facility if the NASG is placed at a facility that cannot provide blood, surgery and CEmOC.
- Know the proper way to refer a patient in the NASG to a higher level facility.
- Know which local CEmOC facilities are prepared to receive patients in the NASG.
- Understand that if the patient must be transported to a facility that does not have clinicians trained in NASG protocol, the trainee or another person should accompany the patient to the higher level facility to explain the need to keep the NASG in place until the patient is stable.
- Safely transfer the patient to a vehicle for transport.
- Inform anyone at a non-NASG-using facility how to remove the NASG correctly.

At the end of the unit, you will find a section called [Materials for Practice](#), which includes a list of things you will need for the practical session with trainees. You may also want to have:

- At least one NASG for demonstration purposes
- [PowerPoint presentations](#) for this unit
- [NASG Removal Job Aid](#)
- Downloaded copy of [Saving Mother's Lives: The NASG Training Video](#)
- Copies of the [Checklists for Trainers and Trainees](#)
- Any other regular training materials you use

Note: The following materials are written so that they may be given directly to trainees if the trainer wishes to give printed materials as trainee handouts.



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.

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](#). 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 the 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 woman.
- One person should stand or kneel by the woman's head. One person should stand or kneel by the woman's hips.
- The person by the woman's head should use one arm to lift the woman's shoulders and the other arm to lift the woman's head. The person by the woman'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 care 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.)



Trainee Checklist: Learning & Skills Self-Assessment

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.

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





Trainer Checklist: Skills Assessment

Use this checklist to assess the skill acquisition of the person you have trained. Tick “Yes” if the person did the step completely and in the right order. If there was anything incorrect, tick “No” and write what was incorrect in the comments box. Review with the trainee after completing the observations.

Referring and Transporting a Patient in the NASG [Trainer]			
STEPS TO REFER A PATIENT	Yes	No	Comments
1. Fills in a Referral Form or makes a “Form” from a piece of paper.			
2. Contacts Referral Facility.			
STEPS TO TRANSPORT A PATIENT	Yes	No	Comments
1. Identifies two people to lift the woman.			
2. Places the stretcher as close as possible to the patient.			
3. One person kneels or stands at the woman’s head and the other person kneels or stands beside the woman’s knees.			
4. The person at the woman’s head places one arm under the woman’s shoulders and the other arm under the woman’s head.			
5. The second person reaches under both knees with one arm and under the hips with the other.			
6. Both people lift the woman at the same time and move her onto the stretcher.			
7. Once the woman is on the stretcher, both people lift both ends of the stretcher at the same time.			
8. Does not remove the NASG while in transit.			
9. Takes the woman to a hospital where they use the NASG.			
10. If not possible to take the woman to an NASG-using facility, prepares to go with the woman or prepares information on proper removal.			



Knowledge Assessment

Trainees should be able to answer the following questions. See below for correct answers.
Review any incorrect responses with trainees to ensure they have understood the material.

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

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:

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 _____

