

**Nanaimo Regional General Hospital
ANESTHETIC CONSULT REQUISITION FOR
OBSTETRICAL PATIENTS**

Fax: 250-755-7679
(Please print clear and legibly)

Name: _____
PHN: _____
DOB: _____
Phone: _____

Today's Date _____ Referring provider: _____
Referring provider's contact _____ Fax _____
G _____ P _____ A _____ L _____ EDD _____ (Book consult within _____ weeks of EDD)
 Planned cesarean section/date _____ Planned vaginal delivery

Indication for anesthetic consult:

- Back surgery or scoliosis
- Diabetic Type 1 Type 2
- Hematological Disorder
- Increased BMI \geq 40 (before or during pregnancy)
- Language barrier
- Malignant hyperthermia or family history of MH
- Neurological Disorder
- Placenta previa, accrete, percreta
- Previous PPH requiring ICU admission
- Severe respiratory/ cardiac disease
- Substance use disorder
- previous traumatic birth
- Other complex medical conditions (please explain): _____

Appointment

date: _____
Time: _____
 Patient aware
 Faxed to referring provider

Process:

- 1) MRP completes & faxes to OR booking. (MRP may choose to F/U with a phone call to confirm that fax was received).
- 2) The OR Booking office will contact the patient and confirm the appointment.
- 3) Once the appointment is accepted, OR Booking will fax the referring Physician/Midwife with the appointment date for their records. Should OR Booking not be able to contact the patient despite making reasonable attempts, they will return the form to the referring Physician/Midwife and advise them that they are unable to contact the patient and that the referring Physician/Midwife should follow up with the patient.

Jan 4th, 2021

D. Young/B.Breunese/R.Renner/K.Wong