

BNG: LMC Information/Care Plan

Bolded Underlined texts are compulsory fields Circle Response where able

<p><u>Full Name</u></p> <p><u>NHI</u></p> <p><u>Or attach Patient Label</u></p>	<p>This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage.</p> <p>DO NOT SEND TO CHARTVIEW</p>
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LMC Information/Care Plan	
<u>Date and Time Started:</u>	
<u>Update Type:</u>	<u>At Booking / Change to Plan / At Birth / Postnatal</u>
Date and Time Completed:	
Reason for Change:	
<u>Hospital or Hospital Attached To</u>	Auckland City Hospital
<u>Care Type</u>	DHB Community Midwife
Intended Place of Birth Hospital	N/A – Leave Blank
<u>Intended location of Birth:</u>	Auckland City Hospital
<u>Lead Maternity Carer Type</u>	DHB Caseload Midwife / DHB Community Midwife
Does the woman have an identified LMC	N/A – Leave Blank
<u>Lead Maternity Carer:</u>	Community LMC Midwife Team / Diabetes Team High Risk Medical Team / Te Manawa O Hine Team
<u>Named Community Midwife...</u>	
<u>Team</u>	Pink Community / Green Community / Orange Community Fetal Medicine / Maternal Medicine / Diabetes / Te Manawa O Hine
<u>Additional Notes:</u>	