

BNG: Medical Staff / Specialist Review

Bolded Underlined texts are compulsory fields Circle Response where able

Reminder: Electronic summaries of previous events in BadgerNet-can be found in RCP and 3M.

<u>Full Name</u>		This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. DO NOT SEND TO CHARTVIEW
<u>NHI</u>		
<u>Or attach Patient Label</u>		
MEDICAL STAFF / BNG SPECIALIST REVIEW / ANTENATAL & POSTNATAL		
<u>Antenatal Review</u> / <u>Postnatal Review</u>		
<u>Outpatient:</u> Community / Diabetes / High Risk Medical / Fetal medicine / PTBC Other:		
<u>Inpatient:</u> Ward / WAU / DAU		
<u>Date and Time Assessment Started:</u>		<u>Gestation:</u>
<u>Specialist Type:</u> <i>E.g: Physician / Obstetrician / Diabetes / Lactation Consultant / MFM / Physician</i>		
<u>Reason for Assessment:</u> <i>E.g: Debrief / 3rd 4th Degree Tear / Perineal Breakdown / Infection</i>		
<u>Conducted By:</u>		
<u>Type of User:</u> <i>(Obstetrician / Registrar, etc.)</i>		
Type of assessment:	Face to face / Phone call / Virtual Consultation	
Location:	ACH / GLCC	
Others present at assessment: <i>(Interpreter / Partner / Student)</i>		
Type of Visit :	First visit / Follow up / Postnatal	
<u>Review:</u> <i>(Continue on back of page if needed)</i>		
Needs Postnatal HbA1C	Yes	No
<u>Date and Time of End of Review</u>	<u>Date:</u>	<u>Time:</u>
<u>Review continued:</u>		

For BadgerNet Outage only