

## 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.

<b><u>Full Name (Woman)</u></b>		This form must be handed to the Ward Clerk or Receptionist on Completion/Discharge for Data Entry in BadgerNet after the Outage. <b>DO NOT SEND TO CHARTVIEW</b>
<b><u>NHI (Woman)</u></b>		
<b><u>Or attach Patient Label</u></b>		
<b>MEDICAL STAFF / BNG SPECIALIST REVIEW / ANTENATAL &amp; POSTNATAL</b>		
<b><u>Antenatal Review / Postnatal Review</u></b>		
<b><u>Outpatient:</u></b> Community / Diabetes / High Risk Medical / Fetal medicine / PTBC Other:		
<b><u>Inpatient:</u></b> Ward / WAU / DAU		
<b><u>Date and Time Assessment Started:</u></b>		<b><u>Gestation:</u></b>
<b><u>Specialist Type:</u></b> <i>E.g.: Physician / Obstetrician / Diabetes / Lactation Consultant / MFM / Physician</i>		
<b><u>Reason for Assessment:</u></b> <i>E.g.: Debrief / 3<sup>rd</sup> 4<sup>th</sup> Degree Tear / Perineal Breakdown / Infection</i>		
<b><u>Conducted By:</u></b>		
<b><u>Type of User:</u></b> <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	
<b><u>Review:</u></b> <i>(Continue on back of page if needed)</i>		
<i>For BadgerNet Outage Only</i>		
<b>Needs Postnatal HbA1C</b>	Yes	No
<b><u>Date and Time of End of Review</u></b>	<b><u>Date:</u></b>	<b><u>Time:</u></b>
<b><u>Review continued:</u></b>		

For BadgerNet Outage only