

EPAS Telephone Consultation & Referral Assessment Tool



Risk Assessment Triggers		
Green	Amber	Red
<input type="checkbox"/> Pain settled with analgesia <input type="checkbox"/> No pain <input type="checkbox"/> Minimal PV loss <input type="checkbox"/> Reduced pregnancy symptoms <input type="checkbox"/> Previous miscarriage with asymptomatic pregnancy <input type="checkbox"/> For reassurance USS as per guideline	<input type="checkbox"/> Moderate bleeding (heavier than period) <input type="checkbox"/> Abdominal pain not relieved with analgesia <input type="checkbox"/> Consider potential ectopic Symptoms <input type="checkbox"/> Passage of tissue <p style="text-align: center;">Think Ectopic</p> <p style="text-align: center;">Other ectopic symptoms</p> <input type="checkbox"/> Dizziness, fainting or syncope <input type="checkbox"/> Breast tenderness <input type="checkbox"/> Gastrointestinal symptoms <input type="checkbox"/> Shoulder tip pain <input type="checkbox"/> Urinary symptoms <input type="checkbox"/> Rectal pain / pain on defaecation	<input type="checkbox"/> Significant bleeding (3 pads soaked in 1 hr / soaked through pad) <input type="checkbox"/> Severe abdominal pain <input type="checkbox"/> Highly suspicious of ectopic <p style="color: red; text-align: center;">Refer to A and E if collapse and requires immediate resuscitation</p>
Plan of Care		
Green	Amber	Red
Telephone Advice only Self care / signpost to website information Worsening Advice and when to contact EPAS Directed to Community Midwife / GP as appropriate	Triggers met for admission within 12 - 24hrs Yes: <input type="checkbox"/> No: <input type="checkbox"/> Referral criteria met for EPAS face to face review? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Guidelines met for scan appointment? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Referral criteria met for review / scan Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Any Red triggers require urgent attendance to EPAS in hours and Maternity Triage out of hours Threshold met for urgent admission? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Ambulance required? Yes: <input type="checkbox"/> No: <input type="checkbox"/> SAS ref No: _____ Referral to A&E required?? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Specific Risk Factors:

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|---|---|
| <input type="checkbox"/> IVF pregnancy | <input type="checkbox"/> STI's / PIDs |
| <input type="checkbox"/> Two or more consecutive miscarriages | <input type="checkbox"/> IUCD in situ |
| <input type="checkbox"/> Previous Molar Pregnancy | <input type="checkbox"/> Previous ectopic pregnancy |
| <input type="checkbox"/> Previous Tubal Surgery / Damage | |