



# PATIENT TRANSPORT COVERSHEET

PATIENTS NAME:		<b>TRANSPORT PAPERWORK CHECK LIST</b>	
DATE OF TRANSPORT:	TIME OF PICKUP:	<input type="checkbox"/> Face Sheet	<input type="checkbox"/> Ambulance Authorization Form
TRANSFERRING FACILITY:	PHONE/ROOM #:	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Patients Belongings
RECEIVING FACILITY:	PHONE/ROOM #:	<input type="checkbox"/> DNR	<input type="checkbox"/> Patient Scripts
NOTES:			

### LAST HOSPITAL VITALS

HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_ SpO2: \_\_\_\_\_  
 Temp: \_\_\_\_\_ Glucose: \_\_\_\_\_ Pain: \_\_\_\_\_ EKG: \_\_\_\_\_ EtCO2: \_\_\_\_\_

### LAST EMS VITALS

HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_ SpO2: \_\_\_\_\_  
 Temp: \_\_\_\_\_ Glucose: \_\_\_\_\_ Pain: \_\_\_\_\_ EKG: \_\_\_\_\_ EtCO2: \_\_\_\_\_

### LABS



### VENT SETTINGS

Mode: \_\_\_\_\_ Rate: \_\_\_\_\_ Vt: \_\_\_\_\_ FIO2: \_\_\_\_\_ PEEP: \_\_\_\_\_ PS: \_\_\_\_\_ I:E: \_\_\_\_\_  
 IPAP: \_\_\_\_\_ EPAP: \_\_\_\_\_  
 Last VBG / ABG: (please circle) pH: \_\_\_\_\_ PCO2: \_\_\_\_\_ PO2: \_\_\_\_\_ HCO3: \_\_\_\_\_

### STROKES

Time of Last Known Well: \_\_\_\_\_ Amount of tPA Bolus Given: \_\_\_\_\_mg  
 Time tPA Bolus Given: \_\_\_\_\_ Dose of tPA to be Given: \_\_\_\_\_mg  
 Time tPA Drip was started: \_\_\_\_\_ Amount tPA discarded from Vial: \_\_\_\_\_mg  
 Time NS Flush was hung: \_\_\_\_\_ Amount of TNK given: \_\_\_\_\_mg  
 Patient Weight: \_\_\_\_\_kg Actual \_\_\_\_\_ or Estimated \_\_\_\_\_  
 LAMS Score Total: \_\_\_\_\_ Facial Droop: \_\_\_\_\_ Arm Drift: \_\_\_\_\_ Grip Strength: \_\_\_\_\_

### STEMI's

Amount ASA Given: \_\_\_\_\_mg Amount Plavix Given: \_\_\_\_\_mg  
 Patient Weight: \_\_\_\_\_kg Amount Heparin Bolus given: \_\_\_\_\_u  
 Dose of Heparin Infusion \_\_\_\_\_u/kg/hr \_\_\_\_\_ml/hr  
 Troponin: \_\_\_\_\_ Delta: \_\_\_\_\_

Data Collected Will Be Given to the Receiving Hospital and Recorded on the MedCare Chart