ADDITIONAL PAGE

EMERGENCY MEDICAL SE	RVICES INTERP	ACILITY TRAN	NOEK KI	EPORT		PAGE
FIRST NAME	MI LAST NAME					
INCIDENT NUMBER PROVIDER A	SENCY UNIT NO.	BH M M D D	YYYY	SEQUEN	CE NO.	TAG #
Patient arrival to ED	HOSPITAL TRANSFERRING T	HE PATIENT:		ACCEPTING THE	PATIENT:	
Time:PHYSICIAN TRANSFERRING TO BE TO SHALL TRANSFERRING TO		THE PATIENT:	E C E PHYSICIAN	NACCEPTING THE	PATIENT:	
			i N G			
BLS: sequence #	REPORT GIVEN TO PARAMEI	DICS BY (NAME, TITLE):	Н			
BLS: sequence # REPORT GIVEN TO PARAMENT CONTACT TELEPHONE NO. A		T SENDING HOSPITAL:	S P I			
Other (specify)			A L			
Reason for Transfer  Burns Pediatrics Cardiac Replant CT Stroke Internal Disruption Vascular Multi-system trauma Neurosurgical emergency, medical Neurosurgical emergency, trauma Obstetrical Other, specify		ALS Interventions Performed at Sending Hospital (Check all that apply)  N/A Endotracheal tube placed Neuromuscular blocking agents ("paralytics") given Blood products administered Chest tube(s) inserted Medications Antibiotics Tetanus Other; specify Other txt; specify				
Paramedic Checklist		IV Drips/Infusions/O	ther Outsid	e Paramedic S	Scope of Pra	ctice
Paperwork (lab results, X-rays, other) received from Sending Hospital Paperwork (as above) given to staff at Receiving Hospital Contact base hospital before leaving Sending Hospital RN or MD must accompany patient to monitor care outside paramedic scope of practice  Report by:		<ul> <li>N/A</li> <li>Amiodarone</li> <li>Heparin</li> <li>Lidocaine</li> <li>Mannitol</li> <li>Nipride</li> <li>Nitroglycerin</li> <li>tNK</li> </ul>	<b>STAFF</b>	ACCOMPANYIN	G PARAMEDI	RN MD RT
						Other
Blood Infusion  N/A Blood product infusing (whole blood, packed) Name on blood matches patient's name Advise base and discontinue blood infusion for any of the following abnormal findings: Mentation changes Chest pain or SOB Fever Shock Swelling / pain at IV site Nausea / vomiting Altered skip signs		Chest Tube(s)  N/A Chest tube(s) in Right Bilateral chest ri Bilateral lung so Collection cham HOB elevated 4 Advise base for any abnormal findings: JVD Hypotension Dislodgement Kinks in tubing Increasing SOB	place Left se / fall unds ber below lev 5* (unless cor	el of chest ntra-indicated)	TIME OBSER\	/ED
<ul><li>☐ Altered skin signs</li><li>☐ Complaint of discomfort</li></ul>		☐ Increasing SOB☐ Tracheal deviati	on	-		
ET Intubation  N/A		NMBAs (Neuromuso	ular Blocki		aralytics)	
	th:	Rx, dose:			given at	
☐ Absent ABD sounds ☐ Abser	ral breath sounds nt ABD sounds	Rx, dose:				
_	ral chest rise bag compliance	Rx, dose:				
☐ On-going assessment showed continued of		Rx, dose:			given at	