

# Patient Record Patient Transport

## INTERHOSPITAL TRANSFER



Surname: ..... NHI: .....  
 First Names: .....  
 Date of Birth: ...../...../..... Sex: .....

PLACE PATIENT ID HERE

IDENTIFY

Today's date:            /            /	<b>Infectious</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Referring hospital / ward:</b>	<b>Receiving hospital / ward:</b>
Clinical problem / diagnosis: _____ _____ _____	Reason for transfer: _____ _____
Next of kin:	Does the patient have a documented history of violence or aggression (including threats) towards staff of patients? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:	Has the patient caused harm to themselves, staff or other patients? <input type="checkbox"/> Yes <input type="checkbox"/> No

S

	Time	Place	Retrieval team	
Start office time	:		Flight nurse	
First call to service	:		Doctor	
Start mission	:		Crew person	
Depart Wgtn Hospital	:		Pilot	
Doors closed 1	:		Co-pilot	
Doors opened 1	:		Buddy	
Arrive hospital	:		Other patient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depart hospital	:		Supporter's name	
Doors closed 2	:		Transport mode	<input type="checkbox"/> Helicopter <input type="checkbox"/> Fixed wing <input type="checkbox"/> Road
Doors opened 2	:		Aircraft call sign	
Arrive hospital	:		Cabin altitude	
Depart hospital	:		Flight altitude	
Doors closed 3	:		Follow on flight	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doors opened 3 Wgtn	:		Total mission time	:
End mission	:			

Patient category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Acc number:
Equipment number	Order number

SITUATION

Prescriptions for transport medications						
Drug	Dose	Route	Prescriber	Given by	Time	
					:	
					:	
					:	
					:	
					:	
					:	
					:	
					:	
<b>DDs from:</b>	<b>DHB</b>		<b>Discarded</b>		:	
<b>Drug:</b>	Amount:	Checked by:	Flight nurse:	Handed over:	Signed:	Checked:



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**A**

### Other assessment & examination findings on arrival

ASSESS

**R**

### Transport plan

REQUESTS

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Doctor's referral letter | <input type="checkbox"/> Medical notes    | <input type="checkbox"/> Discharge summary          |
| <input type="checkbox"/> Nursing referral         | <input type="checkbox"/> Medication chart | <input type="checkbox"/> X-ray / CD / PACD transfer |

### Transport record

Flight nurse signature: \_\_\_\_\_ Flight doctor signature: \_\_\_\_\_

### Handover

Nurse:	Date: / /	Time: :
Doctor:	Date: / /	Time: :

# Transport Observation Record: Adult Patient Transport

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 Date of Birth: ...../...../..... Sex: .....

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Vital Signs	Date Time (24 hour)																			EWS
<b>Respiratory Rate</b> (breaths/min)  <i>write value in box</i>	> 35																			!
	25-35																			3
	21-24																			2
	12-20																			0
	9-11																			1
	5-8																			3
<b>Supplemental O<sub>2</sub></b> <i>write value L/min</i>	< 5																			!
	≥ 5																			2
<b>O<sub>2</sub> Saturation (%)</b> <i>write value in box</i>	≥ 96																			0
	94-95																			1
	92-93																			2
	≤ 91																			3
	≥ 90																			2
<b>Temperature</b> (°C)  <i>mark with X</i> <i>write value if off scale</i>	≥ 39s																			2
	38s																			1
	37s																			0
	36s																			0
	35s																			1
	≤ 34s																			2
<b>Blood Pressure</b> (mmHg)  <i>score systolic value only</i>	Write ≥ 220																			3
	210s																			
	200s																			
	190s																			
	180s																			
	170s																			
	160s																			0
	150s																			
	140s																			
	130s																			
	120s																			
	110s																			
	100s																			1
	90s																			2
80s																			3	
70s																				
60s																			!	
50s																			!	
<b>Heart Rate</b> (bpm)  <i>mark with X</i>	Write ≥ 140																			!
	130s																			3
	120s																			2
	110s																			
	100s																			1
	90s																			
	80s																			
	70s																			0
	60s																			
	50s																			
40s																			2	
30s																			!	
<b>Level of Consciousness</b> ✓	Alert																			0
	Voice / Pain																			3
	Unresponsive																			!
<b>EARLY WARNING SCORE TOTAL</b>																				
Pupils	Left   Right																			
GCS																				
Limbs																				
Urine output																				
Drugs / IV infusions																				