CCT Transport Information - Medical Review Screening Tool

H2H Nurse Reviewing: Date: Time of Call: Run #:

Pick up Time Requested: Patient Name: DOB: Sex: ☐ M ☐ F

Sending Facility: Caller:

Receiving Facility: Receiving MD:

Sending Fac Nurse: Sending Physician:

Transport Diagnosis/Reason:

Initial Dispatch Priority: Transport Priority:

☐ Post QA Review, Dispatch has been informed to change the level of service provided. (Please check if applies)
☐ PCS Reviewed for any adjusted level of service (prior to leaving hospital)

Vitals/Details: (circle/insert as needed)
Neuro:

☐ Alert ☐ Verbal ☐ Pain ☐ Unresponsive ☐ Sedated

Algorithm Level of Care:

Check One: ☐ Stable ☐ Unstable

Check LOC: ☐ ALS ☐ CCT ☐ NEO ☐ OB

Respiratory:

☐ Spont ☐ NC ☐ Mask ☐ BVM ☐ Trach ☐ Vent ☐ IMV/SIMV ☐ CPAP ☐ A/C ☐ Vol.Ctrl ☐ Pres. Support ☐ Pres. Control

O2(L) ET: Rate Tvol Peep FIO2(%)

Peak Pres AGB:pH PaO2 PaCO2 HCO3

Cardiac:

BP Pulse EKG Temp Chest Pain(/10)

☐ Balloon Pump ☐ Pacer: Internal ☐ Pacer: External ☐ Swan Ganz ☐ CVP Art Line: Cent Line

IV#1 IV#2 IV#3

☐ Magnesium ☐ Dopamine ☐ Heparin ☐ Nitro/Tridil ☐ Antiobiotics ☐ Insulin ☐ Fentanyl ☐ Diprivan ☐ Labetelol
☐ Blood/FFP ☐ Levophed ☐ Steroids

Weight(lbs) (kg) ☐ Backboard ☐ Collar ☐ IVC ☐ Chest Tube ☐ Foley

Isolations: ☐ MRSA ☐ VRE Other ☐ DNR

NOTES

Printed Name and Credentials of RN Completing Form: Date:

Signature:

Customer Service Center: (866) 276-9554 **Toll Free Fax: (877) 483-3608**