

## AirLife Patient Transfer

### Initial Dispatch Information

Patient Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Referring Hospital/Unit \_\_\_\_\_

Referring MD \_\_\_\_\_

Receiving MD \_\_\_\_\_

Receiving Hospital/Unit \_\_\_\_\_

Patient Weight \_\_\_\_\_ Age \_\_\_\_\_

Male  Female

Brief description of patient condition/injury \_\_\_\_\_

Landing Site/Zone \_\_\_\_\_

Airway/O<sub>2</sub> \_\_\_\_\_

IV's \_\_\_\_\_

LOC/GCS \_\_\_\_\_

Other Equipment \_\_\_\_\_

### Checklist for transfer

COBRA form

### Copies of the following:

Pre-hospital run forms       Nurses' notes

Physician notes       Patient information sheet

Lab results (  Abnormal )

EKG       X-rays       CT scans

One IV on ® side, if possible

Family notified of transfer?       Yes       No

Primary nurse \_\_\_\_\_

Primary physician \_\_\_\_\_



**(800) 315-2911**

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