

PRE-TRANSPORT FORM

Arrived: _____	From: _____	To: _____	Diagnosis: _____
----------------	-------------	-----------	------------------

Equipment					
O₂:	_____ 1pm N/C	_____ % Facemask	_____ NRB	_____ Bagged	
If Intubated:	_____ Size Tube	_____ Number at the Lip			
Cardiac Monitor:	_____ NSR	_____ A Fib	_____ HB	_____ Paced	
	Other: _____				
IV #1:	_____ Capped	_____ ml/hr NS			
	Size/Location: _____				
	Med Infusing: _____				
IV #2:	_____ Capped	_____ ml/hr NS			
	Size/Location: _____				
	Med Infusing: _____				
IV #3:	_____ Capped	_____ ml/hr NS			
	Size/Location: _____				
	Med Infusing: _____				
Vital Signs:					
	HR: _____	RR: _____	Manual BP: _____	Pulse OX: _____	
Physical Exam:					
	Alert: _____	Responsive to Verbal: _____		Or Pain: _____	
	Unresponsive: _____				
HEENT:	Normal Inspection: _____		Findings: _____		
Pupils:	PERRLA: _____		Findings: _____		
Neck:	Cleared: _____		Collared: _____		
Lungs:	Clear: _____		Findings: _____		
Heart:	Regular: _____		Irregular: _____	Findings: _____	
Abdomen:	Soft, Non-tender: _____			Findings: _____	
Extremities:	Normal Inspection: _____			Findings: _____	
Skins:	Normal Inspection: _____		Cyanotic: _____	Mottled: _____	
Left Facility At:	_____		Person Completing Form: _____		