



Ambulance Service, _____
 Address _____
 phone _____

VERMONT AMBULANCE DISTRICT #6

EMS HANDOFF FORM

White copy to ER MD at time of verbal handoff, copy to ER Sec

Nature of Call: Trauma Medical

NOT PART OF PATIENT CHART

CONTAINS INTERIM INFORMATION

White copy: CVMC via Transport Service Yellow copy Keep for Fast Squad records

DISPATCH INFO

Date* _____ / _____ / _____ Dispatched for: _____
 Time first tone: _____ Location of call: _____
 Time EMS care began*: _____ Amb _____
 Time Departed scene _____ Service(s) dispatched: _____

PATIENT INFO:

Pt. Name*: _____ Male Female
 Address*: _____ DOB* _____ / _____ / _____
 Age _____
 (phone) _____ PCP _____

****ALERT CALLED @**
 STEMI
 Stroke
 Trauma
 Sepsis

PATIENT MEDICAL HISTORY

Chief Complaint * _____
 History of Present Illness* (onset/event preceding, quality, location/radiation, severity, timing)

Medical HX * _____	Meds* _____	Allergies* _____
_____	_____	_____
_____	_____	_____

VITAL SIGNS*

TIME->					TIME->		
Pulse					Temp		
BP					Glucose		
Resp					Pain (1-10)		
O2 Sat					ET CO2		
LOC					GCS		

EXAM

Head/ Eyes/ Neck _____ Skin _____
 Chest (Lung sounds/ Circulation) _____
 Abdomen _____ Neuro: _____
 Extremities: _____ findings _____

INTERVENTIONS:

<input type="checkbox"/> Extrication _____	<u>Reassessment after intervention/ other notes</u> _____ _____ _____ _____ _____ _____
<input type="checkbox"/> O2 @ _____ L via _____	
<input type="checkbox"/> Bleeding controlled _____	
<input type="checkbox"/> C collar/Spinal Rest _____	
<input type="checkbox"/> Splinting _____	
<input type="checkbox"/> IV: Ga: _____ R L _____ Soln/lock _____	
<input type="checkbox"/> Medication: _____ VIA: _____	

First Responder assistance:

- First Responders* Time OS _____ Time Handoff _____ Providers _____
- Transporting Service* Time OS _____ Time HO _____ Providers _____
- Paramedic care* Time OS _____ Time HO _____ Providers _____
- No transport: (see no transport forms) Destination / Transferred care to _____ @ Time: _____

Reminders for evaluation and documentation

History of Present Illness (HPI)

Arrived on scene to find.....OPSRST (onset/events preceding, better/worse, quality, location/radiation, severity, timing)

->Other symptoms, Patient Baseline from relatives, scene details

->note factors delaying or otherwise affecting patient care

Vital Signs LOC =Level of consciousness,

A= Alert **V=**Responds to verbal commands

P=Responds to painful stimuli **U=**Unresponsive

Interventions

Note what was done, the time, equipment or supplies used, and reassessment

STROKE ALERT PROTOCOL Note details of abnormal on HPI or PEX form -- Complete stroke alert form

Neuro Confusion, Weakness, Numbness Δ Mental status, Δ Balance/coordination

Time last seen with out symptoms less than 6 hours? YES no

Glucose: More than 50 YES/unk no

ANY abnormal on Cincinnati stroke scale (see below) YES no

UNLIKELY due to head trauma or other cause YES no

If YES to all above, contact hospital - report stroke alert- follow stroke screening tool guidelines

Cincinnati Stroke Tool	Normal	Abnormal
Facial Droop - have patient smile	Both sides mouth move equally	One side droops
Motor weakness - pt close eyes, extend arms, palms up 10 sec	Arms stay extended	One arm drifts down
Speech - Patient repeats phrase	Repeat clear and correct	Speech slurred or abn.

Glasgow Coma Score (GCS)

Eye Opening	Pts	Verbal - Adult (baby/small child)	Pts	Motor	Pts
Spontaneous	4	Oriented (babbbles, smiles)	5	Follows Commands	6
To Speech	3	Confused (Irritable, consolable)	4	Localizes to Pain	5
To Pain	2	Inapprop Words (Cries, persistently)	3	Withdraws to Pain	4
None	1	Moans (moans)	2	Abnormal flexion to Pain	3
		None	1	Abnormal extension to Pain	2
				No response to Pain	1