

## Life Lion Critical Care Transport Transfer of Care Information Form (Preliminary Information Only)

**Name:** \_\_\_\_\_ **DOB/AGE:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ Kg

**Allergies:** NKDA  ASA  PCN  Other  : \_\_\_\_\_

**Inter-facility**  **Referring Hospital/Unit:** \_\_\_\_\_

Type: Cardiac  Trauma  Pulmonary  Neuro  Medical  Surgical

**Scene**  **Location/referring EMS:** \_\_\_\_\_ **Time of injury:** \_\_\_\_\_

Mechanism: MVC  Fall  Motorcycle  ATV  Other  \_\_\_\_\_

**TREATMENT**

RSI  Etomidate  Succinylcholine  Vec  Versed  Fentanyl

Endotracheal: Size/depth \_\_\_\_\_ King LT Size/depth \_\_\_\_\_

Ventilation: BVM  BVETT  NIV  NRB Mask  NC  other  : \_\_\_\_\_

Ventilator settings: AC  SIMV  Vt \_\_\_\_\_ set Rate \_\_\_\_\_ FIO2 \_\_\_\_\_ PS \_\_\_\_\_ PEEP \_\_\_\_\_

PC  PIP \_\_\_\_\_ meas.exhaled Vt \_\_\_\_\_ set Rate \_\_\_\_\_ FIO2 \_\_\_\_\_ PS \_\_\_\_\_ PEEP \_\_\_\_\_

Other  \_\_\_\_\_

**Vascular Access**

| Gauge/Site | Fluids | Rate | Volume infused |
|------------|--------|------|----------------|
|            |        |      |                |
|            |        |      |                |
|            |        |      |                |

**Other Medications/Treatments en-route:**

|  |  |  |
|--|--|--|
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|  |  |  |

**Vital Signs**

| Time | HR | Rhythm | BP | RR | O2 Sats | ETCO2 | GCS |
|------|----|--------|----|----|---------|-------|-----|
|      |    |        |    |    |         |       |     |
|      |    |        |    |    |         |       |     |
|      |    |        |    |    |         |       |     |

|  |  |
|--|--|
| LLCCT Provider<br>Print:<br>Signature: | Receiving Provider<br>Print:<br>Signature: |
|--|--|