

Transport referral – General

Date

Print out to follow the patient!

Date of transport:

Patient data

Personal ID number/Passport number:	OBSERVE Secure ID to follow the patient.
Name:	
Luggage:	NO YES maximum 12 kg
Special/wheelchai:	NO YES specify:
Weight, kg:	Length, cm:

Hospital data

Dispatch hospital:	Ward:
Phone Ward:	
Receiving hospital:	Ward:
Phone Ward:	
Prescribing/remitting physician:	Phone:

(S)ituation

Diagnosis:

(B)ackground

History/previous diseases:
Allergy:

(A)ssesment

Enclosed air:
Diseases/injury:
Other:

(R)ecommendations (prescriptions during transport)

Target values	Drug	Strength	Dose	Adm. meth.	Sign.
HR, bpm: > <					
BP, mmHg: > <					
Sat, %: >					

Drug hypersensitivity:

A	Pat. airway	Tracheostomy	
B	Oxygen	NO YES liters/min/%:	
	Saturation %:	Resp. frequency.:	
	Pulmonary X-ray:	NO YES	
	Pneumothorax:	NO YES left/right:	
C	BP:	HR:	
	Rhythm/Arrhythmia:	Hb g/l:	
	ECG-monitoring:	NO YES specify:	
	Ong. bleeding.:	NO YES specify:	
	CPR:	NO YES	
	D	GCS:	VAS:
Intracranial air:		NO YES specify:	
Psychomot. ag.:		NO YES specify:	
Neurol. deficit:		NO YES specify:	
Spinal cord inj.:		NO YES stable unstable	
Fear of flying:		NO YES specify:	
E		Temp:	Nausea: NO YES
		IV mandatory (exceptions may be allowed)	
	PVC location:	CVC, location:	
	CAT	Tube Other:	
	Drain 1,	Active Passive, location:	
	Drain 2,	Active Passive, location:	
	Documents, if necessary X-ray documents		
Epicrisis			
Medications list			
Other information			
<p>! Toilet needs before leaving ward. Appropriate clothings/shoes. Label personal belongings.</p>			

Contacts Flight Coordination Centre
 Preplanned transport 090-18 68 70
 Emergency transport 090-18 68 20
 Administration 090-18 72 10