

MEDICAL TRANSPORT ORDER:

PATIENT # _____ TODAY'S DATE _____

(Patient # is assigned by Medical Intake)

FRS/GMRS CHANNEL _____

YOUR TRANSPORT TEAM # (call sign) _____

DRIVER/LEADER _____

ASSISTANT _____

VICTIM LOCATION _____

DEPARTURE _____ ARRIVAL _____
TIME TIME (ON SCENE)

ARRIVAL _____
TIME AT ICP OR MEDICAL FACILITY

NAME (of person picked up) _____
Description if unconscious – age, hair color/length, distinguishing features

SAR ASSESSMENT R Y G

(Search and Rescue)

YOUR ASSESSMENT R Y G B

BEFORE TRANSPORT!!! CHECK FOR GLASSES/MEDICAL DEVICES/ MEDICATIONS THAT NEED TO BE BROUGHT!

Signs of spinal injury in conscious person: inability to move one or more body parts; severe pain or pressure in head/neck/back; tingling or numbness in extremities; difficulty seeing; AND/OR any of the finding listed below.

Treat unconscious persons as if they have spinal injury.

Signs of spinal injury in unconscious person: Heavy bleeding, bruising or deformity of head or spine; blood or fluid in ears or nose; bruising behind the ear; “raccoon” eyes (bruising around eyes); pupils are uneven in size or don’t react to light; seizures; vomiting; victim found under heavy debris.

CERT AREA _____ MESSAGE ID _____

PATIENT INFORMATION/ASSESSMENT

NAME _____

HOME ADDRESS _____

PHONE _____

EMERGENCY CONTACT:

NAME/RELATIONSHIP _____

PHONE _____

FINDINGS IN THE FIELD:

TYPE OF INJURY _____

STEPS TAKEN _____

OTHER INFORMATION PROVIDED BY THE PATIENT

(e.g., medical conditions, medications, allergies, medical devices, etc.)

