EMERGENCY DEPARTMENT
SAFE TRANSPORT FORM  "TICKET TO RIDE"

DATE: ____________________

PRECAUTIONS: Standard  Contact  Other  (please circle above)

DIAGNOSIS: ____________________

CODE STATUS: ____________________

ACTIVITY: ____________________

PAIN MEDS GIVEN AT: ____________________

NPO: [Y]  [N]

PAIN SCALE: _______/10

PRINT CLEARLY IN INK OR WITH PATIENT'S CARD

DESTINATION:
Granger 2  MRI  RADIOLoGY  CT Scan  OR  Granger 3
ULTRASOUND  □ Metformin (please circle above)

ED Room # ____________________

Allergies:

MENTAL STATUS  FALL ASSESSMENT  EQUIPMENT  SPECIAL NEEDS

ALERT  Risk of fall  [YES]  Yellow Bracelet  FOLEY  HARD OF HEARING: RT EAR / LT EAR
CONFUSED  [NO]
AGITATED  SITTER: [YES]  [NO]  NGT  BOTH EARS
SOMNOLENt  RESTRAINTS: [YES]  [NO]  02 @ ______
UNRESPONSIVE  TYPE: ____________________  OTHER ______

(PLEASE CIRCLE ABOVE)  (PLEASE CIRCLE ABOVE)  (PLEASE CIRCLE ABOVE)

IV  RECEIVING DEPT SIGNATURES  RECEIVING DEPT SIGNATURES  RECEIVING DEPT SIGNATURES

SIZE: ____________________

LOCATION: ____________________

FLUIDS: ____________________

Comments:

Department 1: ____________________  Department 1: ____________________  Department 1: ____________________

Printed Name: ____________________  Printed Name: ____________________  Printed Name: ____________________

Signature: ____________________  Signature: ____________________  Signature: ____________________

TRANSPORT: I HAVE VERIFIED THE PATIENTS NAME AND DOB FOR TRANSPORT. (2 PATIENT IDENTIFIERS)
Transporter's Signature: ____________________  Date/Time: ____________________

Transporter's Signature: ____________________  Date/Time: ____________________

EMERGENCY DEPARTMENT INFORMATION, for questions call ext. 65500
Ask for: ____________________
Sending RN: ____________________

3078  REV 06/11/2011  NOT FOR MEDICAL RECORD