

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]	NGT	BOTH EARS
AGITATED	SITTER: [YES] [NO]	02 @ _____	DEAF: [YES] [NO]
SOMNOLENT	RESTRAINTS: [YES] [NO]	OTHER _____	BLIND: [YES] [NO]
UNRESPONSIVE	TYPE: _____		LANGUAGE: _____
(PLEASE CIRCLE ABOVE)		(PLEASE CIRCLE ABOVE)	(PLEASE CIRCLE ABOVE)

IV	RECEIVING DEPT SIGNATURES	RECEIVING DEPT SIGNATURES	RECEIVING DEPT SIGNATURES
SIZE: _____	No Changes in Status []	No Changes in Status []	No Changes in Status []
LOCATION: _____	Change in Status []	Change in Status []	Change in Status []
FLUIDS: _____	Telephone Report Given to: _____	Telephone Report Given to: _____	Telephone Report Given to: _____
Comments:	Department 1: _____ Printed Name: _____ Signature: _____	Department 1: _____ Printed Name: _____ Signature: _____	Department 1: _____ Printed Name: _____ 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: _____