

McHenry Western Lake County EMS System
Expanded Scope Transport
Report Form

Patient Name: _____

Receiving Facility: _____

Transferring Physician: _____

Receiving Physician: _____

Transferring RN : _____

Receiving RN: _____

ED Physician: _____

Time Report called to ED Physician: _____

Advanced Directives: _____

Date and time of Transfer: _____

Diagnosis & Procedures: _____

ALLERGIES: _____

<p>Respiratory</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">Vent Settings</th> </tr> <tr> <td style="padding: 2px;">Mode</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">O2</td> <td></td> </tr> <tr> <td style="padding: 2px;">TV</td> <td></td> </tr> <tr> <td style="padding: 2px;">Rate</td> <td></td> </tr> <tr> <td style="padding: 2px;">Peep/PS</td> <td></td> </tr> </table> <p>Chest Tubes</p>	Vent Settings		Mode		O2		TV		Rate		Peep/PS		<p>Fluids and Medications</p> <p>IV Site</p> <p>IV Site</p> <p>IV Site</p>
Vent Settings													
Mode													
O2													
TV													
Rate													
Peep/PS													
<p>Cardiovascular</p> <p>Monitor</p>	<p>Foley</p> <p>NG/Gastric Tube</p> <p>Drainage Tube</p>												
<p>Neuro</p>	<p>Pain</p>												
<p>Skin</p>	<p>Last Vital Signs</p>												
<p>Labs</p> <p>Glucose Checks:</p>	<p>Misc.</p>												

