

Hospital/Base OPERATION NUMBER

Familyname and Prenom of Patient

Home address: Street, Housenumber

Zip Code

Place

Sex: male female

Year of Birth Month Day

INTENSIV CARE PROTOCOL

Intensiv Care Transport Medical Team Transport
 Medical Device Transport Human Organ Transport

Unit

Type: HEMS MICU ALS-U BLS-U Airliner Fixed Wing/Ambu-Jet

1. Tactical Information

Physician

Qualification Anaesthesia Surgery Internist
 Pediatric div. Qualification

Qualification MD in Training Physician Specialist

Critical Care Paramedic Assistance Personal

Qualification Paramedic Nurse

Date of Transportation

Mission acceptance time

Departure Time

Arrival Time Patient

Departure Time Patient

Handover Destination

Time of Standby

2. Physician - Physician Conservation

Name of ordering Physician Phone number Fax Hospital of Departure Ward

Name of adopting Physician Phone number Fax Hospital of Arrival Ward

Transportation Cause

from Diagnostics ICU-Therapy Surgery/Intervention other reasons

to Emergency Room Operation Room ICU Peripher Ward standart maintenance medical specialist care medical full care take-over/in-between transport miscellaneous

Urgency

Non dispatchable Transport

Transportation below 30 min (immediate)

Transportation below 2 h (urgent)

Dispatchable Transport

Transportation within 24 h

3. Patient Status

Neurological Status normal

Pupil Status

	right	left
constricted	<input type="checkbox"/>	<input type="checkbox"/>
medium	<input type="checkbox"/>	<input type="checkbox"/>
dilated	<input type="checkbox"/>	<input type="checkbox"/>
unround	<input type="checkbox"/>	<input type="checkbox"/>
light reactive	<input type="checkbox"/>	<input type="checkbox"/>

LOC

orientated dizzy
 unconcious pain
 alert verbal
 anaesthesia/narcotics

Glasgow-Coma-Scale

GCS points

Paralysis yes no
Meningism yes no

Pain no moderate strong not evaluate

Circulation

RR / mmHg / HR /min

Circulation Stable Instable catecholamines

ECG

SR or PM (intact) AV block: 2a, 2b/3
 SVES/ SVT VF/VT/PEA

Scores done

	no disfunction	disfunction under compensat. cons. therapy	disfunction under cons. ther.	disfunction ed decompensated by max.Ther	disfunction infaust
NACA					
CNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
blood/coagulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kidney/urological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAPS II

TISS 28

4. Diagnosen

Diagnose

Diagnose

Operation/Intervention

Handover: CT-Scan, X-Rays, documents, valuables **Do Not Resuscitate**

5. Trend

Event

Pulse BP Defib Intub CPR Transfer

Monitoring

HR/BP

RR/VE

PIP/PEEP

I:E

O₂/FI₂

SpO₂/etCO₂

Fluids and Drugs

Excretion

Urine

Drainage

Remarks

6. Procedures/Devices

Measures

Cardio-vascular

hospital new i.v. canula (PVC)

Num. Location

hospital new central line (CL)

Num. Location

hospital new art line

femoral radial left rig left rig

Num. Location

hospital new Pacemaker Resuscitation

ROSC yes no

Respiration

hospital new O₂-inhalation Intubation

hospital new Oral Nasal Tracheotom.

Size

Level

suction

Further Measures

hospital new gastric probe chest drain

hospital new right left

Size

Level

urine line

Monitoring

hospital new non inv.-Messurem. inv. RR-Messurem. SpO₂ CVD/PAP/ICP etCO₂ Temperature ABG

Devices

hospital new spineboard vacu. mattress syringe pump IABP ventilator ECLA/NO incubator

Drugs

hospital new Analgetics Antiarrhythmics Antiemetics Antiepileptics Anihypertensiva Anticoagulation Bronchodilator Diuretics Glucose

hospital new Catecholamines Corticosteroids Muscle relaxans Buffer solution Sedatives Vasodilatator Thrombolytics Miscellaneous

Infusions

hospital new Blood Crystalloids

hospital new Colloids Miscellaneous

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Remarks

7. Patient Status

Neurological Status normal

Respiration

Wheezing Spasm PRV PCV PEEP ov. 8 mm H₂O

Spontaneous Cyanosis Crackels ASB BiPAP

Dyspnea CMV SIMV CPAP

RR /min

VE /min

FI₂

I:E

O₂-Oxygenation l/min

SpO₂ %

etCO₂ mmHg

PEEP cm H₂O

PIP cm H₂O

ASB cm H₂O

BGA

pO₂ mmHg

pH

pCO₂ mmHg

S-BIC

Temp. °C

8. Results

Unit was necessary Yes No

Call description

Interfacility transfer Patient not transportable
 Handover /handedover from/to other unit Medical status Logistics
 False call Death until transportation

Assuming ward / Physician / Nurse

Phone / Fax - number

Stamp / Signature: Physician