### Trans Am Services Inc.
#### Cardiac Patient Transfers

**Patient Name:** _________________________

**Allergies:**

| Allergies: |  |
| Allergies: |  |
| Allergies: |  |

ORDERS CANNOT BE PROCESSED WITHOUT THE ABOVE INFORMATION COMPLETED

**Date/Time**

The following routine orders will be followed on cardiac transfers. Patient’s requires care, treatment and monitoring during trip. Body substance isolation will be maintained. These transfers must be accomplished by adequately qualified personnel as defined by his/her physician. Check one:

- AEMT-CC/P (Critical Care/Paramedic)
- Other _________________

1. **AIRWAY MANAGEMENT PROTOCOL:**
   a. Administer Oxygen:
      - Nasal O2 _____ LPM
      - Venturi Mask ______
      - 100% non rebreather mask
      - ET Tube
      - Mask O2 _____ LPM
   b. DNR (Do Not Resuscitate) Yes No or MOLST
   c. Unless patient has DNR - for respiratory arrest or imminent respiratory arrest, begin ventilation immediately with high concentration oxygen using bag-valve-mask or demand valve. A pocket mask with oxygen may also be used.
   d. An ET tube may be inserted in a respiratory arrest unless contraindicated.
   e. Other (specify):

2. **CARDIAC ORDERS:**
   a. Current ACLS protocols for cardiac arrest unless patient is a DNR (Do Not Resuscitate) and Cardiac arrhythmia management including transcutaneous pacing if available - per ACLS protocols.
   b. Continuous cardiac rhythm monitoring. NPO
   c. Vital signs will be obtained initially and monitored as indicated by pt’s condition. V.S. will be obtained every 15 minutes.
   d. Respiratory depression or arrest following administration of IV narcotic will be treated with Narcan 0.4 mg IV, which may be repeated in 5 minutes if necessary.
   e. Neuro Checks: ____________________________________
   f. Other Orders: _____________________________________

3. **MEDICATIONS:**
   a. Nitroglycerin 0.4mg s.l.; may be repeated every 5 minutes x 3 if systolic B.P. is Greater than 90 mm Hg.
   b. Nitroglycerin IV Titration (If available):
   c. Ondansetron (Zophran) 4mg or Promethazine 25mg (Phenergan) IV for Nausea
   d. IV Access: 1.) ___________________________
      2.) ___________________________
      3.) ___________________________
   e. Narcotics: ___________________________
   f. Other Orders: ___________________________

**PHYSICIAN SIGNATURE:**