

**TRANS AM SERVICES INC.**  
**Non-Cardiac Patient Transfers**

**Patient Name:** \_\_\_\_\_

Allergies:	
Allergies:	
Allergies:	

**ORDERS CANNOT BE PROCESSED WITHOUT THE ABOVE INFORMATION COMPLETED**

Date/Time	
	<p>The following routine orders will be followed on non-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:</p> <p style="padding-left: 40px;"> AEMT-CC/P (Critical Care/Paramedic)      AEMT-I (Intermediate)  EMT (Basic)      Other _____ </p> <p style="text-align: center;"><b>An order in #3 requires AEMT-I or AEMT-CC/P. Saline Locks can be EMT.</b>  <b>An order in #6 requires an AEMT-CC/P.</b></p>
	<p><b>1. AIRWAY MANAGEMENT PROTOCOL:</b></p> <p>a. Administer Oxygen:</p> <p style="padding-left: 40px;"> Nasal O2 _____ LPM      Venturi Mask _____  100% non rebreather mask      ET Tube  Mask O2 _____ LPM </p> <p>b. DNR (Do No Resuscitate)    Yes      No</p> <p>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.</p> <p>d. An ET tube may be inserted in a respiratory arrest unless contraindicated.</p> <p>e. Other (specify): _____</p>
	<p><b>2. VITAL SIGNS</b> will be initially monitored as indicated by patient's condition. If vital signs or patient's condition is unstable, vital signs will be obtained every 15 minutes.</p>
	<p><b>3. IV ACCESS:</b> 1.) _____  2.) _____  3.) _____</p>
	<p><b>4. NEURO CHECKS:</b> _____      NPO</p>
	<p><b>5. IMMOBILIZATION:</b> _____</p>
	<p><b>6. MEDICATION:</b> _____  _____  _____  _____  <b>NARCOTICS:</b> _____  Ondansetron (Zophran) 4mg or Promethazine 25mg (Phenergan) IV for Nausea</p>
	<p><b>7. OTHER ORDERS:</b> _____  _____  _____</p>
	<p><b>PHYSICIAN SIGNATURE:</b></p>