

**Dartmouth-Hitchcock Advanced Response Team  
INTER-HOSPITAL TRANSPORT FLOWSHEET**

Type:	<input type="checkbox"/> Inter-facility	<input type="checkbox"/> PICU	<input type="checkbox"/> ICN
Mode:	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Ground	<input type="checkbox"/> Trauma Referral
Origin:	Destination:		
<b>HAVE CALLER STAND BY BRIEFLY AND RADIO DISPATCH THE APPROPRIATE CREW</b>			
Dx:	WT	Age:	CPAP/BiPAP/Vent PEEP:
Phone:	Caller Name:		
<b>EXPLAIN TO CALLER THAT THEY WILL RECEIVE MISSION STATUS NOTIFICATION GENERALLY WITHIN 5-10 MIN. NOTIFY RCP ASAP IF REQUESTED/REQUIRED. ONCE MISSION STATUS IS KNOWN NOTIFY SENDER. IF MISSION DECLINED OFFER OTHER AVAILABLE RESOURCES. IF ACCEPTED CONTINUE TO GATHER THE BELOW INFORMATION.</b>			
Category:	<input type="checkbox"/> Trauma <input type="checkbox"/> Surgical	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Neonatal <input type="checkbox"/> Pediatric
Equipment / Personnel:	<input type="checkbox"/> Blood <input type="checkbox"/> Immobilized <u>ALL Trauma Pts MUST Be Immobilized</u>	<input type="checkbox"/> Pacer <input type="checkbox"/> IABP <input type="checkbox"/> Vent	<input type="checkbox"/> Isolette <input type="checkbox"/> RCP <input type="checkbox"/> Stretcher for AIR Isolette only
		<input type="checkbox"/> Medical	<input type="checkbox"/> OB / Maternal
		<input type="checkbox"/> Vent ABG & Vent Settings on Reverse Side	<input type="checkbox"/> Doppler <input type="checkbox"/> Blood Gather Info on Reverse Side
<b>INFORM CREW OF SPECIAL EQUIPMENT / PERSONNEL NEEDED</b>			
Sending Unit & MD:	Receiving Unit & MD:		
Pt. Name:	DOB:		
IV Access:			
Vital Signs:	BP:	P:	R: SpO2:
LOC:			
Other Info:			

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<b>Vent Settings:</b>	Resp. Rate:	PEEP * :	FIO2:	
<input type="checkbox"/> Volume Control	TV:	Pres. Support:	<input type="checkbox"/> Pres. Control	Pressure:
pH (7.35 - 7.45)	pCO2 (35-45)	pO2 (80-100)	HCO3 (24-26)	O2sat (90-100)
Use RCP for: (1) Neonatal patients going to ICN in an isolette who (may) require ventilation; prostacycline (2) Crew may request RCP for pediatric patients $\leq$ 2 yrs old requiring mechanical ventilation; status asthmaticus; severe respiratory compromise; complicated ventilator management at request of MCO (3) Adult non-trauma requiring nitric oxide or; complicated ventilator management *FOR ADDITIONAL INFORMATION SEE POLICY D55*				

<b>OB / Maternal:</b>	<input type="checkbox"/> Abnormal Presentation	<input type="checkbox"/> Placenta Previa	<input type="checkbox"/> Abruptio Placenta	<input type="checkbox"/> Premature Labor
Gravida:	Para:	Station:	Dilation:	Effacement:
<b>Contractions:</b>	Frequency:	Strength:	How Long:	Gest Age (wks):
<b>Tocolytics:</b>	<input type="checkbox"/> Mag Sulfate @: <input type="checkbox"/> Terbutaline: <input type="checkbox"/> Nifedipine:			<input type="checkbox"/> ROM (hrs):
<b>Known Complications:</b>				
<b>Time of Last Vaginal Exam</b>		<b>Vaginal Exam Findings</b>		
*FOR ADDITIONAL INFORMATION SEE POLICY D25, DHART AIR GUIDELINES for HIGH RISK OBSTETRICS or PROTOCOL CP#7b, for OBSTETRICS*				

Lat	Long	Speed	ETE	Time
Lat	Long	Speed	ETE	Time
Lat	Long	Speed	ETE	Time
Lat	Long	Speed	ETE	Time
Lat	Long	Speed	ETE	Time
Lat	Long	Speed	ETE	Time