



SCDHEC – DIVISION OF EMS AND TRAUMA
INTERFACILITY TRANSPORT FORM
PART A - DRUG REPORT

Patient Care Form #: _____

Patient Name: _____ DOB: _____
LAST FIRST

Referring Physician: _____ Transferring Facility: _____

Accepting Physician: _____ Receiving Facility: _____

Instructions: Part A (Drug Report) and Part B (Device Report) must be completed by and signed by the sending physician.

DIAGNOSIS: (1) _____ **LAST VITAL SIGNS:** _____
(2) _____
(3) _____

IV Fluids: _____ Rate: _____

Medications: _____

Dosage / Rate/Concentration: _____

Comments/Additional Orders: _____

IV Fluids: _____ Rate: _____

Medications: _____

Dosage / Rate/Concentration: _____

Comments/Additional Orders: _____

IV Fluids: _____ Rate: _____

Medications: _____

Dosage / Rate/Concentration: _____

Comments/Additional Orders: _____

PLEASE CHECK THE INTERFACILITY DEVICES BEING USED IN THIS TRANSPORT ON THE BACK PAGE OF THIS FORM.

This report was given by (physician): _____ Date: _____
(None of the drugs being sent with this patient are part of an experimental program.)

This report was accepted by (EMT-P signature): _____ Date: _____

EMS Service must retain a copy of this form for their records.
If any problems are experienced en route, the EMT-P must contact on-line medical control.

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PART B - DEVICE REPORT

Patient Care Form #: _____

Patient Name: _____ DOB: _____
LAST FIRST

Referring Physician: _____ Transferring Facility: _____

Accepting Physician: _____ Receiving Facility: _____

Instructions: Part A (Drug Report) and Part B (Device Report) must be completed by and signed by the sending physician.

INTERFACILITY INVASIVE/IMPLANTED DEVICES USED IN THIS TRANSPORT

Check all devices being used:

- Automatic Internal Cardiac Defibrillator (AICD)
- Arterial Lines, Arterial Sheathes
- Tube Thoracostomy/Chest Tube
- Percutaneously Placed Central Venous Catheters (does not include Swan-Ganz catheters)
- Peritoneal Dialysis Catheters
- Epidural Catheters
- Urethral/Suprapubic Catheter
- Implantable Central Venous Catheters
- Nasogastric/Orogastric Tubes
- Surgically Placed Gastrointestinal Tubes
- Percutaneous Drainage Tubes
- Completely Implantable Venous Access Port
- Surgical Drains

Comments/Additional Orders: _____

