EMERGENCY – INTER-AGENCY REFERRAL AND TRANSIT RECORD

3sHealth
better together

DATE:

Vital Signs / BP ∨ ∧ / P ● — **TIME:**	/	/	/	/	/	/	/	/	/	/	/	/
230												
220												
210												
200												
190												
180												
170												
160												
150												
140												
130												
120												
110												
100												
90												
80												
70												
60												
50												
40												
30												
Resp												
SaO_2												
Pain *(0-10)*												
ID												

MEDICATIONS

WOUND/DRESSINGS/DRAINAGE

DATE/ TIME	NOTES

Transit Signature:	Receiving Signature:	Date/Time:

Original remains at receiving Hospital *Copy returned to referring hospital*

DO NOT COPY