EMERGENCY – INTER-AGENCY REFERRAL AND TRANSIT RECORD

DATE:

TIME: / / / / / / / / / / / /

VITAL SIGNS

BP ∨ ^ P ●

230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

Resp

SpO_2

Pain *(0-10)*

ID

MEDICATIONS

WOUND/DRESSINGS/DRAINAGE

DATE / TIME	NOTES

Do Not Copy

Transit Signature:	Receiving Signature:	Date/Time:

Original to receiving hospital ***Copy to referring hospital***