

MGH Transfer Patient Triage Information

Date / Time of report _____

EMS Unit _____

ETA _____

Patient initials _____ Patient age _____

Bed assignment _____

Diagnosis / Reason for Transfer -

Vital Signs

Current

B/P _____

HR _____

Resp _____

Pulse Ox _____

GCS _____

Temp _____

Pain Level _____

Monitor Rhythm _____

Start of Transfer

B/P _____

HR _____

Resp _____

Pulse Ox _____

GCS _____

Temp _____

Pain Level _____

Monitor Rhythm _____

Any Arrhythmia ?

At any time during transport have there been significant changes in these Vital Signs **Y** or **N**

Type of IV access Peripheral Central

Airway / Oxygen type Any change in respiratory status enroute? **Y** or **N**

IV medications infusing

Medications or blood products given enroute

Any complications enroute? **Y** or **N** What?

Has this patient remained stable during transport? **Y** or **N**

Notify the ED at once of any changes in patient condition prior to arrival

Physician Triage Decision Direct Admit / Emergency Department

RN signature _____

Physician signature _____