

MGHS Emergency Department Transfer Triage Form
Transferring EMS services direct line into MGHS ED 24/7
Dial 906-228-3338

Date: _____ Time: _____

Referring Hospital: _____

EMS Unit: _____ Patient initials: _____

ETA: _____ Destination: _____

Main diagnosis/reason for transfer: _____

Current vital signs

Start of transfer vital signs

B/P: _____

B/P: _____

Heart Rate: _____

Heart Rate: _____

Respiratory Rate: _____

Respiratory Rate: _____

Pulse Ox: _____

Pulse Ox: _____

GCS: _____

GCS: _____

Monitor Rhythm: _____

Monitor Rhythm: _____

Temp (Peds pt) _____

Temp (Peds pt) _____

During the transfer has there been a significant change in the vital signs at any time? Y N

Type of IV access? Peripheral _____

Central _____

Airway / Oxygen? _____

Any change in resp status? Y N

IV medications infusing? _____

Please notify MGHS Emergency Department at once of any significant change in the patient's status during the transfer.

Physician's Triage Decision:

Floor notified, paperwork relayed?

Remain direct admit

Divert to Emergency Department (Notify Admitting if so, X3300)

RN signature _____

MD Signature _____

Upon completion, fax to the floor accepting the patient.