

IMIST - AMBO Handover to ED

(Non Cardiac Arrest)

I Identification	PATIENT NAME:							
	PATIENT EID NUMBER:							
	PATIENT PH NUMBER:							
M MOI / Medical Complaint								
I Injuries / Information								
S Signs / Vitals	HR	BP	RR	GCS	BGL	SPO2	TEMP	
T Treatment								
Allow for Questions								
A Allergies								
M Medications								
B Background Medical Hx								
O Other Relevant Information								
Allow for Questions								

CARDIAC ARREST Handover to ED

C	Cardiac Arrest Witnessed or Not Witnessed	<input type="checkbox"/> Not Witnessed <input type="checkbox"/> Witnessed		Cardiac Arrest Time	
A	Age & Sex of Patient	Age			
		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
R	Rescue CPR performed by bystander before Ambulance Arrival	Rescue prior to arrival		Rescue Start Time	
		<input type="checkbox"/> No Resus <input type="checkbox"/> Yes - Resus provided			
		Rescue AED Provided			
		<input type="checkbox"/> No Rescuer AED provided <input type="checkbox"/> Yes Rescuer AED provided			
D	Down Time of Patient before Ambulance Arrival	<input type="checkbox"/> Unknown	Minutes:		
I	Initial Rhythm on AED - Shockable or Not Shockable	Rythym Recognized			
		Initial		Current	
A	Amount of Shocks given (if any)				
C	Cardiac Drugs administered by Crew	Drug Provided		Cardiac Drug Quantity	
		<input type="checkbox"/> Adrenaline 1:10,000 (BLS/ALS)			
		<input type="checkbox"/> Amiodarone (ALS)			
		<input type="checkbox"/> Atropine (ALS)			
		<input type="checkbox"/> Adenosine (ALS)			
		<input type="checkbox"/> IV			
		<input type="checkbox"/> IO			

Allow for Questions