

# IMIST - AMBO Handover to ED

(Non Cardiac Arrest)

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

# CARDIAC ARREST Handover to ED

<b>C</b>	Cardiac Arrest Witnessed or Not Witnessed	<input type="checkbox"/> Not Witnessed <input type="checkbox"/> Witnessed		Cardiac Arrest Time	
<b>A</b>	Age & Sex of Patient	Age			
		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>R</b>	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			
<b>D</b>	Down Time of Patient before Ambulance Arrival	<input type="checkbox"/> Unknown	Minutes:		
<b>I</b>	Initial Rhythm on AED - Shockable or Not Shockable	Rythym Recognized			
		Initial		Current	
<b>A</b>	Amount of Shocks given (if any)				
<b>C</b>	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

