

Emergency Department
Patient Transfer Record

Radio Report

Date: _____ Time: _____ Unit Number: _____

Priority: 1 2 3

Age: _____ Chief Complaint: _____

Alert?: STEMI Stroke Code Trauma Sepsis

Vitals:

BP	Pulse	Resp	Temp	O2 Sat	BS	LOC	GCS	Pain

Treatment/ MOI/ Notes etc:

IV	O2	monitor	12lead	C-collar	airway	dressing	splint

Initials taking Radio Report

Bedside Handoff Report

EMS Agency: _____ Sending Facility Name/Address : _____

PT Name: _____ DOB: _____

History: _____

Meds: _____ Allergies: _____

Assessment Details: _____

Other Findings/ Changes: _____

Additional Treatment: _____

Treatment Response: _____

Additional questions? _____

ED Staff Initials

EMS Initials