

**REGISTERED NURSE**

Receiving Hospital Agreed to Accept on: Date: \_\_\_\_\_ Time: \_\_\_\_\_; Unit/Bed/ or ED: \_\_\_\_\_

- Face Sheet faxed to \_\_\_\_\_ at \_\_\_\_\_ (Time)
- Report has been given to \_\_\_\_\_, RN at Receiving Hospital at \_\_\_\_\_ (Time)
- Ambulance Service \_\_\_\_\_ Report given to: \_\_\_\_\_

**The following assessment has been reported and included in documentation:**

- Vital Signs (Temperature, Pulse, Blood Pressure, Respirations, and GCS for Trauma/Neuro)
- Impairments, Catheters, Oral Limitations
- Respiratory Support Type: \_\_\_\_\_

**Accompanying Documentation has been sent:**

- Nurses Notes with documented assessment, interventions, and response to treatment
  - Lab/ECG Results; Imaging Studies
  - Medication Reconciliation; List of Medications Given; Allergies
  - Provider Documentation with H&P, Physical Exam, HPI, Chronic conditions, and Plan of Care
  - Other: \_\_\_\_\_ (CCD Summary, 24 Hour Summary etc.)
- Check all that are present:     Physician     Midlevel     RN     Tech     EMS personnel

Time Out Completed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
RN Signature

**Completed Transfer Forms (Originals to receiving hospital and copies for EMS and Patient Record)**

**Check box only if applicable**

- Transfer Request Form/Physician Certification
- Patient Consent
- Informed Refusal (For patients refusing ambulance transport)
- Medical Necessity (Ambulance Specific)

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time