

MI-Burn EMS Inter-Facility Transport Notes

Sending Facility Name:				Phone #:				
Destination Facility Name:				Phone #:				
Patient Name/Identifier:				DOB:		M	F	
Date:		Pick up time:			Drop off time:			
Calculated Fluid Needs:			Oxygen:		Medication:			
IV Fluids: 0.9%NS LR Other(Specify):								
Flow Rate ml/hr:				Location of IVs:				
Time	P	RR	B/P	SpO2	Medication/Procedure/Notes	Amt/Size		
Vent Settings:				Airway Size:		Secured @		cm
Time	Mode	Volume	Rate	PEEP	FiO2	ETCO2	Average Peak Pressure	
Pickup:								
Destination:								
Total Intake				Total Output				
Notes:								
EMS Transporting Unit:				Paramedic Name:				
Paramedic Signature:				Paramedic Cell Phone #:				
Receiving RN/MD/DO/NP/PA Signature:								
QUICK TIPS:								
<ul style="list-style-type: none"> Completion of Worksheet – Refer to back of form Keep patient warm Transport needs of fluids/medications/Oxygen Monitor urine output. Patient has a foley? Hourly updates given to receiving hospital 								

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Worksheet for Transport

Calculate Transport Time to Destination: consider road conditions, obstacles, weather.	
Calculate Amount of Fluid needed	
Calculate Oxygen needed	
Medications needed:	
Narcotics	
Sedation	
Paralytics	

Michigan Burn Centers		
University of Michigan Health Systems <i>(State Burn Coordinating Center)</i>	Adult & Pediatric	734-936-9631
Children's Hospital of Michigan	Pediatric	313-745-5678
Detroit Receiving Hospital	Adult	313-745-3078
Hurley Medical Center	Adult & Pediatric	810-262-9188
Bronson Methodist Hospital	Adult	269-341-6022
Spectrum Health System	Adult & Pediatric	616-391-9025