



FLIGHT FOR LIFE LVO Stroke PATIENT TRANSFER:

XXX-XXX-XXXX

Patient Name: _____ Date of Transport: _____

IMPORTANT INSTRUCTIONS! It is preferable that the following two forms (enclosed) be completed by the referring facility prior to patient transport by **FLIGHT FOR LIFE**. Medicare, Medicaid and most insurers require us to submit these two forms before reimbursement of transportation costs will be considered.

Enclosed Forms:	MUST be signed by one of the following:
<i>Authorization and Assignment of Benefits</i>	Patient or family member
<i>Medical Necessity for Air Critical Care Transport</i>	Attending physician or physician's assistant, nurse practitioner, clinical nurse specialist or registered nurse

LVO Stroke PATIENT TRANSFER CHECKLIST:

- Patient weight _____ kg
- List any drug allergies _____
- Face Sheet
- Goal BP: < _____ / _____
- Two copies of paperwork with same content ready

- Undress patient completely and put belongings in a bag
- One peripheral IV, two if able
- Notify patient & family of expedited transport and time critical situation
- Have family take personal belongings, if possible
- Get cell phone number of patient's family: _____
- Clear area around bed prior to **FLIGHT FOR LIFE** arrival
- Raise bed

- Upon **FLIGHT FOR LIFE** Arrival:
 - ED staff in patient room to assist
 - Disconnect patient from the ED monitor/BP cuff, etc.
 - Disconnect drips
 - Be prepared to provide verbal report while patient is being transferred to **FLIGHT FOR LIFE** cot

- Phone report by referring RN to receiving hospital cath lab (and list here)
- Last Known Well Time:
Date: _____ Time: _____
- Arrived at ED. Time: _____
- Thrombolytic Start Time: _____ or NA

Medications Administered

✓	Drug Name	Dose Amount	Time Given
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____