

<b>Ambulance Transfer Form</b>				DATE OF TRANSFER:		<b>Ground</b>							
<b>SEE REVERSE AND PAD FOR PHONE NUMBERS, INFORMATION, and SPECIFIC INSTRUCTIONS FOR ALL AIR and GROUND PROVIDERS</b>						<b>Air</b>							
PATIENT NAME: Last, First, Middle			DOB	GENDER	SSN								
HOME ADDRESS					HOME PHONE								
PATIENT'S EMPLOYER NAME AND ADDRESS					EMPLOYER PHONE								
CHIEF COMPLAINT / DIAGNOSIS:													
<b>TO</b>				<b>FROM</b>									
RECEIVING FACILITY				SENDING FACILITY									
RECEIVING PHYSICIAN				SENDING PHYSICIAN									
<b>RESPONSIBLE PARTY</b>													
NAME: Last, First, Middle			RELATIONSHIP TO PATIENT			Driver's License							
MAILING ADDRESS													
HOME ADDRESS					HOME PHONE								
EMPLOYER			EMPLOYER PHONE			BANK REFERENCE							
EMPLOYER ADDRESS													
<b>INSURANCE</b>													
1. INSURANCE COMPANY		ADDRESS / PHONE		NAME OF INSURED		POLICY #							
2. INSURANCE COMPANY		ADDRESS / PHONE		NAME OF INSURED		POLICY #							
<small>I hereby assign and grant AMERICAN MEDICAL RESPONSE, INC. (AMR), AIRMED HAWAII, LLC or HAWAII AIR AMBULANCE, INC all of my right, title, and interest in and to any insurance benefit otherwise payable to me, for me or for my dependents by reason of my use thereof by my dependents of the facilities of AMERICAN MEDICAL RESPONSE, INC. (AMR), AIRMED HAWAII, LLC or HAWAII AIR AMBULANCE, INC. I agree to be financially responsible to AMERICAN MEDICAL RESPONSE, INC. (AMR), AIRMED HAWAII, LLC or HAWAII AIR AMBULANCE, INC for charges not covered by any insurance benefits including but not limited to co-payments or deductions. I understand and agree that there will be a one percent (1%) monthly service fee charged on accounts due over ninety (90) days. I understand that if I do not have insurance, I am personally responsible for my entire bill. (A photocopy of this form is considered as valid as the original)</small>													
SIGNED:			Relationship to patient:			DATE:							
<b>↓↓↓ TO BE FILLED OUT AND SIGNED BY THE ATTENDING PHYSICIAN ↓↓↓</b>													
REASON FOR TRANSFER				CODE STATUS: ___ FULL CODE ___ DNR* ___ LIVING WILL* (*please attach copy)									
EXPECTED COURSE DURING TRANSPORT				ALLERGIES									
ROUTINE or HOME MEDS													
HISTORY OF PRESENT ILLNESS/INJURY													
PAST MEDICAL HISTORY													
MEDS & TREATMENTS GIVEN BY SENDING FACILITY													
CURRENT VITAL SIGNS		Heart Rate	Respiratory Rate	Blood Pressure	Oxygen Saturation	Weight (lbs)							
PT'S CONDITION AT TRANSFER		<input type="checkbox"/> Stable	<input type="checkbox"/> Critical	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Stretcher / Spine Board								
<b>OXYGEN ORDERS</b>				<b>MEDICATIONS CARRIED BY AMBULANCE PROVIDERS LISTED ON BACK OF PAGE</b>									
<input type="checkbox"/> NASAL CANNULA _____ LITERS / MIN <input type="checkbox"/> FACE MASK _____ LITERS / MIN <input type="checkbox"/> TRACH COLLAR _____ LITERS / MIN <input type="checkbox"/> C-PAP / BiPAP / NRM + settings: <input type="checkbox"/> VENT SETTINGS: Tidal Vol: _____ FIO2: _____ Rate: _____ PEEP: _____				<small>PLEASE SEND QUANTITIES OF ALL MEDICATIONS SUFFICIENT TO COMPLETE TRANSFER</small>									
				<b>prn MED ORDERS</b>		<b>MEDICATION</b>		<b>DOSE</b>		<b>ROUTE</b>		<b>FREQUENCY</b>	
				<input type="checkbox"/> SEDATION									
				<input type="checkbox"/> ANTIEMETIC									
				<input type="checkbox"/> NTG SPRAY									
				<input type="checkbox"/> ANALGESIA									
				<input type="checkbox"/> OTHER									
<b>MAINTENANCE I.V. ORDERS</b>				<b>OTHER ORDERS AND TREATMENTS</b>									
				<small>Please document below if separate form used for additional written orders.</small>									
<b>FLUID</b>		<b>RATE</b>		<b>ADDITIVES</b>									
<b>I.V. MEDICATION ORDERS</b>				<b>TITRATION ORDERS</b>									
<b>MEDICATION</b>		<b>CONCENTRATION</b>		<b>DOSE / RATE</b>		<b>TITRATION ORDERS</b>							
Personal items sent with pt:													
Level of Care Required: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Critical Care =								<small>Bed-to-Bed with Air Medical Team (Ground MICT not required to accompany Air Medical Team)</small>					
<b>MICT/EMT/RN RECEIVED INFORMATION, ACCEPTS TRANSFER</b>				<b>TREATING PHYSICIAN MUST SIGN FOR TRANSFER AND ORDERS</b>									
SIGNED (include title):				SIGNED (include title):									

PLEASE ATTACH A COPY OF THE PATIENT'S HOSPITAL FACESHEET AND INSURANCE CARDS TO THIS FORM - THANK YOU  
HAA Interactive Form Rev. 1/2009

**Hawaii State Law, HAR CH 72** regulates care provided onboard air and ground ambulances. Registered Nurses and Mobile Intensive Care Technicians, (Paramedics) are allowed to administer the following medications with written transfer orders. Paramedics are permitted to administer these medications under Hawaii Standing Orders, HI CH 72 Medications 8/2006.

Acetaminophen Elixir	Diphenhydramine (Benadryl)	Furosemide (Lasix)	Methylprednisolone	Sodium Bicarbonate
Activated Charcoal	Calcium Chloride	Glucagon	Midazolam (Versed)	Succinylcholine
Adenosine (Adenocard)	Dextrose 50%	Ipratropium (Atrovent)	Naloxone (Narcan)	Terbutaline (Brethine)
Albuterol Inhaler	Diazepam (Valium)	Lidocaine 1%	Nitroglycerine	
Amiodarone (Cordarone)	Dopamin	Lidocaine 20%	Norepinephrine (Levophed)	
Aspirin, Chewable	Epinephrine 1:1,000	Morphine Sulfate	Pitocin (Oxytocin)	
Atropine	Epinephrine 1:10,000	Magnesium Sulfate	Promethazine (Phenergan)	

**AMR Statement**

**1.800.742.5457 / Fax 1.808.486.6648**

**Please call AMR Dispatch ASAP for the ground portion of any Air Ambulance transfer.** In an effort to provide continuous quality care in transport, AMR Mobile Intensive Care Technicians may, in addition to the usual ALS treatments and Chapter 72 medications, administer medications/treatments ordered in writing by a transferring physician. AMR ground or Medevac MICT's receiving such an order will, as they deem necessary:

1. Receive in-service instruction from the sending facility on the medication/treatment
2. Consult a Base Station Physician
3. Request that the Air Medical Team or a Hospital RN attend the patient during ground transport
4. Contact the AMR Medical Director via dispatch to verify orders or request further information

If there are any questions regarding the above statements, please call AMR Dispatch and ask to speak with the Medical Director.

David Moore, MD, Medical Director  
American Medical Response - Hawaii

**Hawaii Air Ambulance, Inc. Statement:**

**1.808.836.2000 / Fax 1.808.836.2809**

In addition to the medications regulated by the Chapter 72 guidelines, Registered Nurses and Mobile Intensive Care Technicians are allowed to administer the following medications with written transfer orders, by the direction of Hawaii Air Ambulance Standing Orders, or direct communication with the Hawaii Air Ambulance Medical Director.

**Supplemental Medications:**

Ativan	Dobutamine	Heparin	Nitroglycerine ggt	Vasopressin
Calcium Gluconate	Epinephrine (Racemic)	Hydralazine	Oral Glucose	Vecuronium Bromide
Cimetidine (Tagamet)	Etomidate	Labetalol	Phenobarbital	Verapamil
Dextrose 25%	Fentanyl	Lorazepam	Procainamide	Zofran
Dilantin	Flumazenil	Mannitol 20%	Thiamine	
Diltiazem	Haloperidol	Methylprednisolone ggt		

Hawaii Air Ambulance aeromedical crews receiving an order, or presented with a medication not included with the above listing will:

1. Receive an in-service to administer the medication.
2. Contact Hawaii Air Ambulance Medical Control/Medical Director to verify the written transfer orders and request pharmacological information if an in-service has not been given.
3. If you have any questions regarding the above statements please call Hawaii Air Ambulance communication Department and ask to speak with the Medical Director on duty.

Thinh Nguyen, MD, Medical Director  
Hawaii Air Ambulance

**AirMed Hawaii, LLC Statement:**

**1.808.833.9339 / Fax 1.866.872.8624**

In addition to the medications regulated by the Chapter 72 guidelines, Registered Nurses and Mobile Intensive Care Technicians are allowed to administer the following medications with written transfer orders, by the direction of AirMed Hawaii Medical Control Standing Orders, or direct communication with AirMed Hawaii Medical Director.

**Supplemental Medications:**

Aminophylline	Demerol	Heparin	Mannitol	Procainamide (Pronestyl)
Ativan	Digoxin	Hydralazine	Nitroglycerine Paste	Romazicon (Flumazenil)
Calcium Gluconate	Dilantin	Inderal (Propranolol)	Nitroglycerine Tabs	Vecuronium
Cardizem	Dobutamine	Insulin - Regular	Phenobarbital	Verapamil
Cimetidine (Tagamet)	Droperidol	Ketorolac (Toradol)	Pitressin (Vasopressin)	Zofran
Compazine	Fentanyl	Lovenox	Potassium Chloride	
Decadron	Haldol (haloperidol)	Lopressor		

AirMed Hawaii medical flight crews receiving an order, or presented with a medication not included in the above listing must:

1. Receive an in-service to administer the medication.
2. Communicate with AirMed Hawaii Medical Control/Medical Director and verify the written transfer orders, and request pharmacological information if an in-service has not been given.

David Yew, MD, Medical Director  
AirMed Hawaii Medical Director

## Ambulance Provider Contact Information

AMR Dispatch 1.800.742.5457 / Fax 1.808.486.6648

Hawaii Air Ambulance Dispatch 1.808.836.2000 / Fax 1.808.836.2809

AirMed Dispatch 1.808.833.9339 / Fax 1.866.872.8624

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### HI CHAPTER 72 SUPPLIES AND GENERAL AMBULANCE INFORMATION

Below are listed: 1) basic supplies and major ALS equipment carried by ALS ambulances in Hawaii; and 2) the basic skill sets for BLS, intermediate, ALS and critical care transfer crews. If your patient requires other than that listed, please provide them to the transfer crew, with instructions. Air medical services, PICU, and NICU teams may have additional capabilities – please contact those teams directly. See below and additional page for private ambulance providers' supplemental medication lists and related information.

Please see the list of Chapter 72 Medications on the reverse side of the Ambulance Transfer Form. Please see the Chapter 72 Equipment and treatment capabilities for BLS and ALS ambulances listed below. AMR ALS and BLS ambulances conform to their respective lists' detail. The Maui Medevac Helicopter operates as an ALS Ambulance.

#### Supplies:

As required for below equipment, injections, IVs, bandaging, splinting, spinal immobilization, irrigation, OPAs, NPAs, BVM

#### Major ALS Equipment

Intubation Equipment  
Uncuffed endotracheal tubes 2.5- 5 mmid  
Cuffed endotracheal tubes 5.5 – 9 mmid  
Combitubes adult and small adult  
Ventilator with tidal volume and rate control  
EKG Monitor, defibrillator, pacer and 12 lead  
Pulse oximeter  
End tidal CO2 monitor  
Glucose meter  
Suction  
Nebulization equipment including in line  
Thoracostomy equipment  
Chricothyrotomy equipment (Nu Trach)  
OB kit  
3 Channel IV Pump

#### BLS Ambulance: 2 EMT-Bs

CPR and AED  
Bandaging, splinting and traactions splint  
Control bleeding  
Monitor vital signs  
Spinal precautions  
BVM, OPA, NPA

#### Intermediate Ambulance”

EMT-I and EMT

Hawaii doesn't officially license ambulances to the intermediate level. Due to personnel shortages, the State is allowing on a limited temporary basis EMTs with additional training and experience to transport very stable ALS patients. Generally this is only available on Oahu. Contact the provider for specifics.

#### Advanced Life support Ambulance:

1 MICT (Paramedic) and 1 EMT.

MICTs are ACLS certified and competent with Chapter 72 medications, ALS equipment and BLS skills.

Examples of skills are ;

Oral and Nasal intubation

Paralytic assisted intubation, (Pati)

Pediatric IO placement

NG placement

Chricothyrotomy (Nu Trach)

Needle Thoracostomy

Record 12 lead and basic interpretation

Defibrillating, synchronized defibrillation and pacing MICTs standing orders can be viewed at:

<http://www.hawaii.gov/health/family-child-health/ems/index.html>

MICTs may communicate with the appropriate Base Station MD as needed.

Critical Care Transport: Generally 1 RN and 1 MICT or comparable. Hawaii law doesn't specifically license ambulances to this level. Nationally these crews are generally proficient at pre-hospital ALS skills as well as ICU nursing skills. Contact the provider for specifics.