# SAN BENITO COUNTY EMS TRANSFER OF CARE DOCUMENT

| | | | |
|---|---|---|---|
| Date: / / | On scene time: | Fire Unit # Run # | AMR Unit # Run # |
| Run address: | | EMT name: | Medic name: |

| | | | | |
|---|---|---|---|---|
| Patient name: | DOB / / | Age: | ☐ M ☐ F | Pt. Weight: Kgs. |
| Patient address: | | | Phone: | |
| Scene conditions: | | | | |

| | | |
|---|---|---|
| **Chief Complaint** | **Medications** | **PERSONAL ITEMS/VALUABLES** |
| P | | Wheelchair: ☐ Walker: ☐ Cane: ☐ |
| Q | | Hearing Aids: ☐ Left ☐ Right |
| R | | Dentures: ☐ Glasses/Contacts: ☐ |
| S | | Purse/Wallet: ☐ Watch: ☐ |
| T | ☐ Med list attached ☐ Meds with patient | ☐ Other _____ ☐ None |
| DNR paperwork presented: ☐ Yes ☐ No | **Allergies** | Primary MD: |

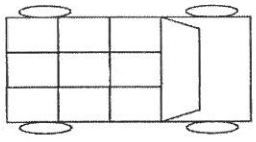
**Patient History** ☐ None ☐ Unknown ☐ Abdominal ☐ Arthritis ☐ Asthma ☐ Behavioral ☐ Cancer ☐ Cardiac ☐ CHF ☐ COPD ☐ CVA
☐ Diabetes ☐ Drugs/ETOH ☐ HTN ☐ Renal Failure ☐ Seizures ☐ Other: _____

| | | | | |
|---|---|---|---|---|
| **Cardiac Arrest** | Witnessed ☐ Yes ☐ No | Time of arrest: | Bystander CPR ☐ Yes ☐ No | Time of ALS: |

**Stroke** ☐ Facial droop ☐ Arm drift ☐ Slurred speech Symptom Onset Date: / / Time: _____

**Trauma** **PAM Hits:** Physiological Anatomical Mechanism

**Mechanism of injury:** ☐ Assault ☐ Auto vs Pedestrian _____mph ☐ Bicycle ☐ Bite/Sting ☐ Burn ☐ Ejection ☐ Electrical ☐ Explosion
☐ Fall _____ ft. ☐ Motorcycle _____mph ☐ MVA _____ mph ☐ Near drowning ☐ Rollover ☐ Shooting ☐ Stabbing ☐ Other_____



Mark patient location with X

Mark impact area with arrow

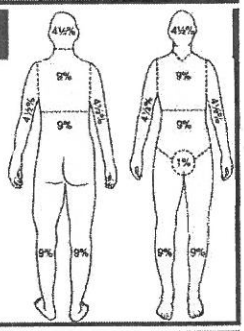
Shade damaged areas

**Patient Protection:** ☐ Airbags deployed ☐ Child safety seat ☐ Helmet ☐ Lap belt
☐ Lap/Shoulder belt ☐ Unknown ☐ None ☐ Other _____

**Glasgow Coma Score** **Not Assessed:** ☐

| Eyes | | | | Verbal | | | | | Motor | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Spon | Voice | Pain | None | Orient. | Conf. | Word | Sound | None | Cmd. | Local | W/drw | Flex | Ext | None | Total |
| 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 6 | 5 | 4 | 3 | 2 | 1 | |

## Assessment Findings / Comments




| Vitals | | | | | | Monitor | Treatment Type | | | | | ID |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Time | B/P | Pulse | RR | $O^2$ sat | BG | Rhythm | Shocks | Meds | Route | Amount | Other | |
| | | | | | | | | | | | | |
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**Received by (signed and printed):** _____ ☐ RN ☐ MD **Facility:** ☐ HHH ☐ WCH ☐ Other _____

**Paramedic (signed and printed):** _____