



Mount Sinai

DO NOT SCAN INTO MEDICAL RECORD

ED - MICU Transport Form – Pilot

Instructions: Form should be filled out by the transporting ED provider and transporting ED RN / Paramedic jointly, with RT as appropriate

Patient Label

Date:
Transport Start:
Transport End:
Transporter Provider Name:
Code Status (circle one): Full Code DNR/DNI Other

Brief Patient Summary:

Phone number for ED provider available for questions: _____

ED RN to ICU RN handoff/communication time: _____

In emergency, ED attending can be reached at: _____

Ventilator Settings (if applicable)

Mode	Vt	RR	FiO2	PEEP

General Category	Yes (Check)	
All transport team (MD/DO/PA + RN/Paramedic; RT if appropriate) is present		
Patient ID verified prior to transport on Mount Sinai ID Band		
Provider clinical update given to ICU within 15 mins pre-transport		
Vital signs recorded into EPIC immediately prior to transport		
Cardiac / Respiratory Support Category	Yes	N/A
Transport Monitor		
Bag-Valve Mask		
Oxygen tank (check level)		
Defibrillator if indicated with pads attached		
ETT, Trach or other advanced airway is secured/anchored		
Transport ventilator at correct settings (see table)		
Drains and chest tubes are secured		
Medications / Infusions Category	Yes	N/A
Infusion pumps charged		
Sufficient IV meds confirmed with nursing		
Emergency Transport Red Box present (push-dose pressors / sedatives)		
In case of CT-scan:	Yes	N/A
Consent ready		
Appropriate IV access secured		
Pre-treatment (e.g. sedation, PO contrast) given		

Vital signs	Start	10min	20min	30min	40 min	50 min
HR/ rhythm						
BP						
RR						
SpO2						

Receiving RN Name: _____ Receiving RN Signature: _____ Time: _____