



Figure A - Data Collection Tool v1

PILOT PROJECT – DATA COLLECTION ONLY:

COTS REGIONAL EMS WORKGROUP ON HAND-OFFS

Patient hand-off (EMS to EM staff) Developed - August 15, 2016

CASE TYPE: ___Trauma ___ Medical ___ Stroke ___ AMI STEMI

Was the patient ___Stable ___Urgent ___Emergent?

WAS THE FOLLOWING INFORMATION GIVEN?

| | | | | |
|-------------------------------|--------------|-------|-----|---------|
| CALL IN? | YES | / | NO | N/A |
| Name: | YES | / | NO | N/A |
| DOB: | YES | / | NO | N/A |
| Past medical history: | YES | / | NO | N/A |
| Mechanism of Injury | YES | / | NO | N/A |
| Allergies: | YES | / | NO | N/A |
| Medications: | YES | / | NO | N/A |
| Events surround presentation: | YES | / | NO | N/A |
| Injuries/Problem specifics: | YES | / | NO | N/A |
| Vital signs: | | | | |
| Blood pressure | YES | / | NO | N/A |
| Pulse | YES | / | NO | N/A |
| Respiratory status | YES | / | NO | N/A |
| Pulse Ox | YES | / | NO | N/A |
| GCS | YES | / | NO | N/A |
| Consciousness | YES | / | NO | N/A |
| IV access / Fluids | YES | / | NO | N/A |
| Treatment/interventions: | YES | / | NO | N/A |
| TOTAL TIME HAND-OFF: | _____ | | | |
| REPORT GIVEN TO | ___RN | ___MD | ___ | UNKNOWN |

Note – mark all that apply above

Observer transfer of care worksheet for objective data collection. Return 20 observations (5 in each of the above categories) by **Sept** ____, 2016 to: Jamie Wilson – chairperson - @ jilson5@mchs.com