

Oak Bluffs Emergency Medical Service
PO Box 1327 Oak Bluffs, Ma. 02557
508-693-5380/Fax 508-693-3262

PATIENT'S NAME OR ACCOUNT STICKER

Please Circle: **ALS** **BLS**

Other Personnel Needed: _____

Receiving Hospital: _____

Phone Number: _____ Doctor/Contact: _____

Patient's Condition: **Stable** **Unstable**

Patient's Priority: _____

Interventions / Special Needs: _____

Skin Conditions / MRSA / Anything contagious: _____

Pump / Monitor / Meds running: _____

Intubated Patient / IV Access / Precautions needed: _____

Special Considerations: GCS<14 RR<10>29 SBP<90

Patient weight >180 lbs (Must notify EMS prior to arrival at MVH) _____

Psych Patients: **Male / Female** Sectioned: **Yes** **No**

Chemical Restrained: **Yes** **No** If yes, what? _____

Physically Restrained: **Yes** **No**

Escort Needed: **Male** **Female**

Physician's orders for ALS transfer: _____
