[√] <u>Pa</u>	tient Information			
	Patient Name:	DOB:		
	Patient Weight:			
[√] <u>Tr</u>	ransfer Information			
	Sending Facility:	Receiving Facility:		
	Sending MD:	Receiving MD:		
[√] <u>Vi</u>	tal Signs Measurement			
	Vital signs (BP, HR, RR, GCS) will be measured	and recorded every minutes (minimum every 15 minutes).		
	Waveform capnography will be monitored throughout transport if patient is intubated or receiving a morphine infusion, fentanyl push dose, or midazolam infusion.			
	Temperature will be measured and recorded ever	y 15 minutes if blood products are infusing.		
[] <u>A</u> ı	niodarone Hydrochloride Infusion			
	Pediatric: Maintain infusion rate at mcg/kg/min (5 -	15 mcg/kg/min; 2 mg/min maximum).		
	*Optional: Pediatric: Reduce infusion rate to hours (0000 – 2400 military time).	mcg/kg/min (5 – 15 mcg/kg/min; 2 mg/min maximum) at		
	Adult: Maintain infusion rate at mg/min (2 mg/m	in maximum).		
	Optional: Adult: Reduce infusion rate to n military time).	ng/min (2 mg/min maximum) at hours (0000 – 2400		
[] <u>Bl</u>	ood/Blood Products Infusion (wide open (w/o) is a	acceptable for emergency situations)		
	Pediatric: (1 unit ≈ 300 ml)			
	pRBC: Transfuse ml $(10-40 \text{ ml/kg})$ pack ml/kg/hr $-$ w/o).	ted red blood cells at an infusion rate of ml/hour (5		
	Cryoprecipitate: Transfuse $0.1 - 0.2$ units/kg; 10	units maximum.		
	FFP: Transfuse ml $(10-40 \text{ ml/kg})$ fresh fi w/o).	rozen plasma at an infusion rate of ml/hour (5 ml/kg/hr -		
	Platelets: Transfuse ml (10 – 40 ml/kg) pla	atelets at an infusion rate of ml/hour (10 ml/kg/hr - w/o).		
	TXA: Infuse mg (15 mg/kg) TXA over 10 for the next hours.	minutes. Maintenance infusion of mg/kg/hr (2 mg/kg/hr)		
	Adult: pRBC: Transfuse unit(s) (1 - 2 units) pack - w/o).	ted red blood cells at an infusion rate of ml/hr (0.5 units/hr		
	Cryoprecipitate: Transfuse 0.2 units/kg; 10 units	maximum.		
	FFP: Transfuse unit(s) $(1-2 \text{ units})$ fresh f w/o).	frozen plasma at an infusion rate of ml/hr (0.5 units/hr -		

	Platelets: Transf	use unit(s) $(1-2 \text{ units})$ platelets at an infusion rate of ml/hr.
	TXA: Infuse for the next	mg (15 mg/kg) TXA over 10 minutes. Maintenance infusion of mg/kg/hr (2 mg/kg/hr)hours.
[] <u>C</u>	alcium Channel Blo	ocker Infusion
	Diltiazem:	Maintain infusion rate at mg/hr. (2-15 mg/hr) and titrate every 15 minutes by increments
	Nicardipine:	of 2.5 mg/hr to maintain heart rate between and beats per minute. Maintain infusion rate at mg/hr. (15 mg/hr maximum) and titrate every 15 minutes by increments of 2.5 mg/hr to maintain systolic between and mm Hg (160-180 mm Hg).
[] <u>D</u>	opamine Hydrochlo	<u>oride</u>
	Begin infusion rabetweena	ate at mcg/kg/min (5-20 mcg/kg/min). Titrate infusion to maintain systolic blood pressure and mm Hg (above 90 mm Hg recommended).
[] <u>F</u>	entanyl (Sublimaze	1
	Pediatric: Slow IV push do (verbally or visu Can repeat dose	
	Adult:	
	Slow IV push do or visually). Can repeat dose	se of mcg (25 – 100 mcg) Inject slowly over 1-2 min. Titrate to maintain comfort (verbally times.
[] <u>F</u>	entanyl Infusion (S	<u>ublimaze)</u>
	<u>Adult:</u> Begin infusion ra	ate at mcg/hr (25-300 mcg/hr). Titrate infusion to desired response.
[] <u>G</u>	Slycoprotein IIb/IIIa	a Receptor Inhibitors Infusion
	Adult:	
	maximum).	pro): Maintain infusion rate at mcg/kg/min (0.125 mcg/kg/min; 10 mcg/min
	Eptifibatide (Inte Tirofiban (Aggra	egrillin): Maintain infusion rate at mcg/kg/min (2 mcg/kg/min; 15 mg/hr maximum). astat): Maintain infusion rate at mcg/kg/min (0.15 mcg/kg/min maximum).
[] <u>H</u>	leparin Infusion	
	<u>Pediatric</u> : Maintain infusio	n rate at units/kg/hour (15 – 30 units/kg/hour; maximum 1,500 units/hr).
	<u>Adult</u> : Maintain infusio	n rate at units/kg/hour (maximum 1,500 units/hour).
[] <u>H</u>	ligh Flow Nasal Car	<u>ınula</u>
	Oxygen flow rate	e: liters per minute.
	FiO _{2:} %	
	Maintain O ₂ satu	ration between: and %

[] <u>Lidocaine Infusion</u>	
Pediatric: Maintain infusion rate at mcg/kg/min (20 – 50 mcg/kg/min; 4 mg/min maximum).	
Adult: Maintain infusion rate at mg/min (1 – 4 mg/min; 4 mg/min maximum).	
[] Magnesium Sulfate Infusion	
Maintain infusion rate at g/hr (2-4 g/hr, 4 g/hr maximum).	
Note: Discontinue infusion if somnolence, muscular paralysis, or respiratory depression is noted and contact the B Hospital Physician. Antidote for Magnesium Sulfate Infusion toxicity is Calcium Chloride (1 g over 1-2 mir IV push.	
[] Midazolam Infusion for Sedation of Intubated Patients	
<u>Pediatric</u> : Begin infusion rate at mg/hr (0.05 – 0.6 mg/kg/hr; maximum 6 mg). Titrate infusion to ventilator compliance	
Adult: Begin infusion rate at mg/hr $(1 - 10 \text{ mg/hr})$. Titrate infusion to ventilator compliance	
[] Morphine Sulfate Infusion	
<u>Pediatric</u> : Begin infusion rate at mg/hr $(0.1 - 0.4 \text{ mg/kg/hr})$. Titrate infusion to maintain comfort (verbally or visually).	
Adult: Begin infusion at mg/hr (2 – 10 mg/hr). Titrate infusion to maintain comfort (verbally or visually).	
[] Nitroglycerine Infusion	
Pediatric: Begin infusion rate at mcg/kg/min (1 – 5 mcg/kg/min; 20 mcg/kg/min maximum). Titrate to maintain systolic blood pressure between mm Hg and mm Hg.	-
Adult: Begin infusion rate at mcg/min (200 μg/min maximum). Titrate infusion to maintain systolic blood probetween mm Hg and mm Hg.	æssure
[] Norepinephrine Infusion	
Pediatric: Begin infusion rate at mcg/kg/min (0.05 – 2.0 mcg/kg/min; 2.0 mcg/kg/min maximum). Titrate to ma systolic blood pressure between mm Hg and mm Hg.	intain
Adult: Begin infusion rate at mcg/min (1 - 30 mcg/min). Titrate to maintain systolic blood pressure between mm Hg and mm Hg.	
[] Potassium Chloride Infusion	
Maintain infusion rate at mEq/hr potassium component (10 mEq/hr maximum).	

[] <u>Sed</u>	ation using Midazo	<u>olam</u>
	Pediatric: Begin IV slow pus	sh at mg (0.05 – 0.1 mg/kg; maximum 2 mg). Titrate to maintain LOS noted below.
	Adult: Begin IV slow pus	sh at mg (1 – 10 mg). Titrate to maintain LOC noted below.
	Level of Sedation:	[] Awakens to voice [] Awakens to light touch [] Awakens to painful stimuli
[] <u>Sod</u>	lium Bicarbonate I	nfusion
		rate at mEq/hr (1 mEq \approx 84 mg).
[] <u>Tho</u>	oracostomy Tubes	
	[] Maintain suction	on on the collection container at cm H ₂ O (20 cm H ₂ O maximum).
	[] If patient decording clots, or disconnection	mpensates, apply suction to collection container at 20 cm H ₂ O and check tubing for leaks, blood ction.
[] <u>Tot</u>	al Parenteral Nutr	<u>ition</u>
	Maintain infusion	rate at ml/hr.
	If TPN infusion ca mental status.	annot be maintained, check blood glucose every hour of if there is a change in the patient's
[] <u>Ven</u>	<u>ıtilators</u>	
		 [] Assist Control (AC) [] Bi-level Positive Airway Pressure (BiPAP) [] Continuous Positive Airway Pressure (CPAP) [] Controlled Mechanical Ventilation (CMV) [] Pressure Control Ventilation (PC) [] Synchronized Intermittent Mandatory Ventilation (SIMV)
	Invasive Ventilation	on Settings
	Tidal Volume:	(5-15 cc/kg)
	Pressure:	(10 to 60 cm H_2O)
	Pressure Support	(0 to 60 cm H_2O)
	Rate:	bpm (8 – 20 bpm)
	Oxygen:	% (21 - 100%)
	PEEP:	cm H_2O (5 – 30 cm H_2O)
	I:E Ratio	(Inverse I:E available)
	Non-Invasive Ventilation Settings	
	BiPAP:	
	IPAP:	(6 to 60 cm H ₂ O)
	EPAP:	(3 to 30 cm H ₂ O)
	CPAP Pressure:	(3 to 30 cm H ₂ O)

Titrate oxygen concentration to maintain an oxygen saturat	Titrate oxygen concentration to maintain an oxygen saturation of \geq % (\geq 88%).				
Titrate tidal volume and rate to maintain an end tidal CO_2 b Hg (\leq 80 mm Hg).	petween mm Hg (≥20 mm Hg) and mn				
Physician Signature:	Date:				
Physician Printed Name:	Time:				