

TRANSPORT PASSPORT (Not part of Medical Record)

(Patient Sticker)

Date: _____

DESTINATION: Diag Imaging _____

ALLERGIES? NO YES (See Chart for Allergies)

CODE STATUS (check one): Full DNR

ISOLATION: NO YES

LOC

O2: NO YES

Contact

Alert & Oriented

Confused/Forgetful

Amount _____

Respiratory

Dementia

Agitated

Route _____

Protective

Combative

Lethargic

Unresponsive

FALL RISK: NO YES

ACTIVITY LEVEL: Independent Assisted (Type) _____

Narcotics/Sedation/Antiemetic Given/Time: _____

Special Needs: _____

PRIMARY CARE GIVER: _____ CONTACT #: _____

Pertinent info to report to caregiver: _____

* Call light activated upon return to room

TRANSPORT PASSPORT (Not part of Medical Record)

(Patient Sticker)

Date: _____

DESTINATION: Diag Imaging _____

ALLERGIES? NO YES (See Chart for Allergies)

CODE STATUS (check one): Full DNR

ISOLATION: NO YES

LOC:

O2: NO YES

Contact

Alert & Oriented

Confused/Forgetful

Amount _____

Respiratory

Dementia

Agitated

Route _____

Protective

Combative

Lethargic

Unresponsive

FALL RISK: NO YES

ACTIVITY LEVEL: Independent Assisted (Type) _____

Narcotics/Sedation/Antiemetic Given/Time: _____

Special Needs: _____

PRIMARY CARE GIVER: _____ CONTACT #: _____

Pertinent info to report to caregiver: _____

* Call light activated upon return to room