

St. Mary's Good Samaritan Inc.

North Egypt EMS System

EMS/Hospital exchange form



IV Supplies

(Write the number and size used)

- 1. IV Catheter_____
- 2. IV Tubing_____
- 3. IV Fluids_____
- 4. "Huber" Port-A-Cath needle

R.T. Supplies

- 1. Cannula_____
- 2. Mask-NRB_____
- 3. Mask_____
- 4. Nebulizer Set up_____
- 5. ET Tube_____
- 6. CO2 Detector_____
- 7. Oral Airway
- 8. Nasal Airway

Cardiac Supplies

- 1. Electrodes_____
- 2. Defib. Pads_____
- 3. Other_____

Suction Supplies

- 1. Suction Canister
- 2. Suction Tubing
- 3. French Catheter
- 4. Yankauer

Dressings

- 1. ABD_____
- 2. 4X4_____
- 3. Kling_____
- 4. Kerlix_____
- 5. Other_____



DATE_____

Name of patient.

EMS Personnel_____

ED Personnel _____