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Flight #326-13-

Date	lame(s) TCS/Dedicated-dispatcher
PATIENT NAME:	
IFT / Caller:	FROM:Patient location: Facility and Unit or Department
TO:	Patient location: Facility and Unit or Department by (circle one) RW FW GND
Time: Callbac	ck Phone #:
HAS OTHER SERVICE DECLINED REQUE	ST DUE TO WEATHER?:
OTHER AIRCRAFT RESPONDING TO THIS	S LOCATION?:
Patient Age: M or F WT	SENDING MD: :LBS / KG RECEIVING MD:
PATIENT CONDITION/CHIEF COMPLA	INT:
(IF TRAUMA OR G.I. BLEED) ask the one NOTE: When aircraft is toned out, ale	question: DO YOU NEED US TO BRING BLOOD? Yes / No rt the Med Crew: "BLOOD NEEDED"
(FOR CARDIAC PATIENTS):	
POST-CARDIAC AR	REST If YES, has cooling started?
OBTAIN VITALS: BP/_	PULSE RESPIRS 02 Sat
(Circle one) ROOM AIR NASAL CANNUIS THIS A HROB PATIENT: (drugs	LA (#Liters?) NON-REBREATHER INTUBATED: Y or N OB Kit?)
IV DRIPS YES / NO how many	WHAT MEDS?:
Additional Issues or	
Info_ For Air Link 1 IFT's, REQUEST FACE SHE	ET: Y or N (FAX to (308) 630-1591)
Who Called	*SCENE CALLS*From Phone Callback
Obtain Physical Description For Air Link 2: LZ NAME:	of the Scene (city, county, state, nearest highway, county road, etc.)
	Course Heading Statute Miles
GROUND UNIT:	RADIO CONTACT/FREQUENCY:
STANDBY Ground/In-Air / Time:	Respond time:Cancel time:by