



LIFE STAR Patient Information

When Team & Time Are Critical

TRANSFERRING

RECEIVING

Facility: _____

Facility: _____

Phone: _____

Phone: _____

Patient Location: _____

Patient Location: _____

MD: _____

MD: _____

Male

Female

Age: _____

Weight: _____

Chief Complaint: _____

BP: _____

PULSE: _____

RESP: _____

SpO₂: _____

TEMP: _____

Intubated?

Yes

No

Balloon Pump?

Yes

No

Arterial line?

Yes

No

Swan Ganz (PA) Catheter?

Yes

No

Number of Peripheral IV's: _____

Patient Continuously receiving IV medications?

Yes

No

Central Line?

Yes

No

Names of IV meds on pumps:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

(Please have each IV med drawn up in 60cc syringe labeled with name & concentration)

The above information will be requested by the dispatcher and relayed to the flight crew enroute.

Upon arrival, the flight crew will need a verbal and written report and a copy of this sheet along with:
2 copies of the demographic sheet and discharge summary / W-10, copies of all X-Rays.

Please have transferring physician review and sign the document on the other side of this page.

Additional information to be filled out on this sheet for the flight crew:

Brief past medical history: _____

Routine medications: _____

Allergies: _____

LIFE STAR

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Emergency (outside Connecticut): 800-221-2569
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Fax: 860-545-5491