

Document No - Ref 275

Version Number – 2.0

ED - COMPLETING AN AMBULANCE HANDOVER FORM

In order to complete an ambulance handover form; the patient must have been Quick or Full Registered on Launchpoint.

			Ensi	ure that y	ou are o	n Launo	chpoint	t.					
1.	ED Launchpoint												
	🗚 🗎 🖶 🕨 🔍 🍕 100% 🛛 - 🌑 🌑 🟠												
			+1 My Pat	ients ED	Minors	Majors	Resus	Paeds	WR				
			₽ ≙	L.	h	•	X						
			My Patients Unassigned	Empty Beds	Waiting Room	Critical	No Dispo	DD	DN				
	Right click on the patient and select ED Ambulance Handover from the drop down.												
2.			R ZZTE	ST, DAN ED Am /80 38y ED Ref	bulance Handover errals Form	22		chest pain					
			R *ZZZ	ED Cor ED Vid	isultant Review Fo im of Assault	m							
			R COOK	C, NICO ED Tre	ach Classification I atment Form	form		chest pain					
			11/05	/60 58y Sepsis Modify	Screening Prearrival	39		🗩 chest pain					
			R 22/05	/11 7y F ED Det	Prearrival ision to Admit	56		, - II					
			R 15/05	/90 28y Start E	st Event vent	4		Fall F					
			R *TES	7, SARA VO0 18y Set Even	ents	1		fall F					
			R *TES	7, RICH Patient	Summary Report	3		Fall					
			R SMIT	H, BETI	rge Process	00:22							
			14/09	52 00y F									
3.	 The ED Ambulance Handover will open, complete as appropriate. CAD ID and Crew Number II supplied by Ambulance Crew. By pressing Yes to Complete Full Handover, this activates the ambulance by Ambulance Crew. By pressing Yes to Complete Full Handover, this activates the ambulance of the transformation on Launchpoint. Note – any medications given by Paramedics must be noted in the Handover Details section 												
	Performed on: 19/12/2018	1042 <u></u>	GMT										
	ED Pan Assessm												
	ED Past Medical Job/ ED Medis History	Incident ID 777777 D ID)	Crew Number	ID 123654	Comple	e Full Handover	r 🖲 Yes	O No					
	ED Allergies Pres	enting Complaint C C C C) Airway / breathing O S) Circulation / chest O E) Gastrointestinal O E) Neurological I T	kin NT re auma / musculoskeletal	Genitourinary ObGyn Environmental Psychosocial / Beha	O General/m O Dther viour	ninor / admin			un anti-anti-anti-anti-anti-anti-anti-anti-			
	ED	Ambulance S	egoe UI	9	B R B U 7	6 1 3							
	Han	dover Details Fe	ell down escalator in shopping	centre. Complaining	of pain in left shoul	der and right hip w	ith a cut above i	right eye.					
		A	ny medications Patient rece	ved to go here othe	erwise they will not	be captured.							
	Te	mperature Tem	perature				Respire	atory Rate	Blood Glucose	Document Allergies			
	(Degrees C) Location (br/min) (mmo//L) 37 DegC C Axillary O trail Tympanic O Rectal O Temporal D ther 24 br/min) mmod/L									O Allergies O Unable to establish			
	Heart Rate Blood Pressure (mmHq) Sp02 Oxygen Therany Phin Assessment												
	(bpm) Systolic/Diastolic Systolic/Diastolic Oxygent intercept (bpm) Systolic/Diastolic E E Blow-By Norrebreather mask Verilator fifth transition 97 method 866 E APAP CPAP Simple mask Verturimask							Ventilator Venturi-mask	O Document				
	AP-upper netwicer Humdhication f.Piece BPAP Nasal carnula Trache mask												
	Gi Ey	<u>CS</u> re Response	Verbal Response	Motor Respor	se	GCS Total	Past M	ledical Histor	Medication Histo	у			
		Spontaneously To Speech To pain No Eye Opening	Orientated Confused Inappropriate words Incomprehensible No Verbal Response	Obey Command Localises to pai Flexion to pain Abnormal Flexic Extension to pa	ls n n ToPain in		15 O Yes O No O Noty	vet completed	O Yes O No O Not yet completed				

4.	Some entries may trigger sub forms to appear. For example, Documenting allergies, Pain Assessment, Medical or Medication History. Once you complete this, click on the back arrow to return to the main form										
	E ED Pain Assessment - SMITH, BETTY X										
	U 💥 📾										
				Dain Accordment	<u>^</u>						
				Pain Assessment							
	Patient able to communicate pain?	• Yes O No									
	Pain Relief Taken?	• Yes O No		If yes please document in me history	dication						
5	Once the ED Ambulance Hando	/er form has been	complete, s	ign using the green tick in t	he top left hand						
0.	ED Ambulance Handover - SMITH, BI										
	√ ■ Q Image: Second secon										
	ED Ambulance H			ED Ambulance Handover							
	ED Pain Assessm ED Pain Assessm										
	ED Past Medical Job/Incident ID (CAD ID)	Crew Number ID	123654	Complete Full Handover							
	ED Allergies Presenting Complaint	O Airway / breathing O Skin O Circulation / chest O ENT	O Genito O ObGyn	urinary O General / minor / admin D O Other							
		O Gastrointestinal O Eye O Neurological I Trauma /	musculoskeletal O Psycho	nmental osocial / Behaviour							
	ED Ambulance	Segoe UI 🗸 9	✓ ③ ½ B B	B ⊻ <i>I</i> 5 ≣≣≣							
	Handover Details	eft shoulder and right hip with a cut above right eye.									
		Any medications Patient received to	o go here otherwise the	ey will not be captured.							
		n launahnaint ta ti	he wight of th	a nationt name. If you alial	, an this is an it						
6.	A person icon will now appear on Launchpoint to the right of the patient name. If you click on this icon, will display a patient summary from which you can click on the ED Ambulance Handover to view it.										
	v	VR SMITH, BET 14/09/52 66y	T Y F	914007 •••••••••••••••••••••••••••••••••••	_						
	WR SMITH, BETTY 66y F DOB: 14/	09/52		WR MRN: 914007 Visit Id: 15271823	×						
	8	e i sh	8 <u>e</u>)							
	Patient Summary		F	Primary Clinician: No Clinician Data Found Orders 👌 Refr	esh						
	No Alleray Documentation	Triage Informatio	n 19/12/18 10:42	Medical History							
	Visits	No Reason for Visit spe Chief Complaint: Major body area)	cified trauma (serious injury >1	Last Reviewed							
	Past 5 A&E visit(s) within the last 2 year There is no information to display.	s. BP HR 135/70 ! 160	EWS Total 5	There is no information to display.							
	Past 5 visit(s) within the last year.	Home Medication	ions (0)	► Historical (0)							
	Inere is no information to display.	Medication history has	not yet been documented.	Family History (0)							
	Last 5 ambulance handover within the la	st 3 years.		There is no information to display.							
	19/12/10 ED Ambuance na	nuover		Procedure History (0)							
				There is no information to display.							
				Social History (0)							
				There is no information to display.							