

Clinic Name:
Anaphylaxis or Respiratory Distress: Event Documentation and Transfer Form
 (To be used for real time documentation and transfer if needed)

Patient Name _____ DOB _____ / _____ / _____ Age _____

Gestational Age _____ Procedure _____

Circle: MVA EVA

Procedure complete? YES NO

Blood type: _____ Baseline hgb/hct: _____

Emergency Contact Name _____

Cell phone number _____

Attending physician / provider _____ Cell/pager _____

Trainee or other persons involved _____

Vitals

Time	BP	Pulse	Pulse ox	Pain scale

IV placed – reason:

Site and gauge	Time	Comments
IV 1:		
IV 2:		

Fluids given: _____

IV bolus: _____ **Rate:** _____

Respiratory Distress? Time:

Comments:			
Oxygen?	Dose	Route	Time
Reversal Needed?	Comments:		

Reversal agents:

		Dose, route	Time	Other
Narcan	0.4-2mg IV/IM/SC/ET			
Romazicon (flumazenil)	.2mg IV over 15 sec, then .2 mg q 1 min up to 1 mg total			
Albuterol				

OVER

Anaphylaxis

Symptoms	Time	Comments
Hives		
SOB		
Swollen lips/tongue/uvula		
Hypotension		
Other		

Meds for anaphylaxis

Meds given		Dose, route	Time	Other
Epinephrine	.3mg IM			
Diphenhydramine	(25-50mg IV, PO, IM)			
Albuterol				
Ranitide	150 mg PO or 50 mg IV			
Methylprednisolone				

Code

AED available? YES NO

Used? YES NO

Medications given?

	Time	Comments
911 called		
ER notified		

Patient Transfer		Time
Transfer Location		
Physician Accepting Transfer	Pager	Time Transfer
Person accompanying transfer:	Items transferred with patient	
Patient status upon transfer (AxOx3, Vitals, EBL):		

Notes (PMHx, circumstances of the procedure, further details about the complication, further details about the procedure – ie: complete or incomplete):