

STANDBY NOTIFICATION & HANDOVER FORM

Glasgow Royal Infirmary Emergency Department(adapted from IMIST-AMBO)

Patient
Label

Date:	DD/ MM/2015	Time:	
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Age:	Gender: M / F	SAS Number:	
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Condition:	<input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Trauma Team
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OBSERVATIONS PREHOSPITAL

HR:	BP:	RR:	SaO₂: air/O ₂	BM:
Conscious Level	GCS	ALERT <input type="checkbox"/>	VERBAL <input type="checkbox"/>	PAIN <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/>

INTERVENTIONS PREHOSPITAL

ETT <input type="checkbox"/>	IV Access <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Other	ETA:Time
OPA/NPA <input type="checkbox"/>	IV Fluids <input type="checkbox"/>	Nebuliser <input type="checkbox"/>		

UPON ARRIVAL:**Time:**

→ Maintain 20-30 second period where patient remains on stretcher and deliver IMIST information uninterrupted.

I dentification	Confirm Prehospital Details
M edical Complaint & M echanism	
I njuries & Information	
S igns & Clinical Findings	
T reatment & Trends	

→ **Transfer over - then QUESTION & CLARIFY where required**

A llergies	
M edication	
B ackground history	Family & If present or following on
O ther information	Premorbid / Cognitive / Functional status

→ **QUESTION & CLARIFY before SAS depart**