

Additional file 1

Patient number

Subject number:

Subject nummer

Case Report Form

Handover from Ambulance to Emergency Department

G00. General Information

Date screening (day/month/year):

 / /

Data collected by:.....

Verbal informed consent given:

Yes

No

Gender:

Male

Female

Age:

Specialism:

Urgency CPA towards patient:

A1

A2

Urgency CPA towards ED:

A1

A2

Triage by ED:

Red

Orange

Yellow

Reason of referral:

Circulatory

Respiratory

Digestive

Urogenital

Musculoskeletal

Endocrine

Central nerve system

Hematological

Other

G01. Pre-Hospital information

G01-01: Estimated Time of Arrival:

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G01-02: Refferer:

General Practitioner

CPA

Other hospital

G01-03: Pre-Hospital information received:

Yes

No

Subject nummer

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G01-04: Pre-hospital information by:

GP Medical expert

MKA

Ambulance digitally

Ambulance phone

G02. Vital parameters

	First values by ambulance	MEWS	Values during handover	Parameters mentioned during handover	MEWS	First values on the ED	MEWS
Respiratory rate per minute				Yes/No			
O2 saturation (%)				Yes/No			
Temperature (°C)				Yes/No			
Systolic blood pressure (mmHg)				Yes/No			
Heart rate per minute				Yes/No			
Consciousness				Yes/No			

Oxygenation:

NRM

Ventimask

O2-glasses

None

Oxygen in liters per minute:

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MODIFIED EARLY WARNING SCORE - UMCg							
Score	3	2	1	0	1	2	3
Respiratory Rate		<9		9-14	15-20	21-30	>30
Heart Rate		<40	40-50	51-100	101-110	111-130	>130
Systolic blood Pressure	<70	70-80	81-100	101-200		>200	
Consciousness				A	V	P	U
Temperature		<35.1	35.1 - 36.5	36.6 - 37.5	>37.5		
Saturation	<90%	<92%	<95%	>95%			
A = Alert				V = Response on voice		P = Response on pain	
						U = No response	
If production of urine < 75ml in the last 4 hours						Add 1 point	
In case of worries about clinical status of patient						Add 1 point	

Subject nummer

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G03. Preparation by ED

G03-01: Team prepared:

Yes

No

G03-02: Preparation: Teamwork and consultation

Preparation of instrumentation

G04. Handover

G04-01: Amount of patients in waiting room:

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G04-02: Amount of patients on ED:

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G04-03: Time of entrance ED:

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G04-04: Time of entrance room:

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G04-05: Time of arrival nurse :

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G04-06: Time of arrival physician:

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G04-07: Time start of handover:

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G04-08: Time of stop handover:

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G04-09: Waiting time until handover:

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minutes

G04-10: Duration of handover:

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minutes

Subject nummer

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Team ED

G04-11: ED Nurse present: During whole handover Partly Absent
If partly ↓

More than half of the time Less than half of the time

G04-12: Physician present During whole handover Partly Absent
If partly ↓

More than half of the time Less than half of the time

Handover instrument

G04-13 Use of handover instrument:

ABCDE	AMPLE	SBAR
Airway <input type="checkbox"/>	Allergy <input type="checkbox"/>	Situation <input type="checkbox"/>
Breathing <input type="checkbox"/>	Medication <input type="checkbox"/>	Background <input type="checkbox"/>
Circulation <input type="checkbox"/>	Past <input type="checkbox"/>	Assessment <input type="checkbox"/>
Disability <input type="checkbox"/>	Last meal <input type="checkbox"/>	Recommendation <input type="checkbox"/>
Exposure <input type="checkbox"/>	Events <input type="checkbox"/>	
G04-14: Correct order: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G04-15: Ambulance mentioned administered medication: Yes No

G04-16: Mentioned medication corresponds with pre-hospital information: Yes No

G04-17: Mechanism of injury mentioned by ambulance: Yes No

G04-18: Interruptions during handover : Yes No

G04-19: Verifying questions asked by ED personell: Yes No

G04-20: Clarifying questions asked by ED personell: Yes No

G04-21: Transfer of patient before or after handover: Before After