



## VASCULAR SERVICES

*A service of Mercy Medical Center—Des Moines*

<b>Aortic Rupture/Dissection Transfer Data Sheet</b>			<b>Patient Name:</b> _____		
<b>Date:</b> _____			<b>DOB:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Hospital:</b> _____			<b>Past Medical History</b> <input type="checkbox"/> Major Surgery (past 6 months)		
<b>Height:</b> _____		<b>Weight:</b> _____	<input type="checkbox"/> Trauma (past 30 days)		
<b>Allergies:</b> <input type="checkbox"/> Contrast allergy			<input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Stroke (past 6 months)		
			<input type="checkbox"/> Cancer/neoplasm		
			<input type="checkbox"/> Pulmonary disorders		
<b>Symptom Onset:</b> _____			<input type="checkbox"/> Diabetes		
<b>ED Arrival:</b> _____			<input type="checkbox"/> Chronic kidney disease (Cr>2)		
<b>Presenting Symptoms:</b> _____					
<b>Diagnostic Tests - send with patient</b>					
<input type="checkbox"/> Ultrasound			<b>Past Cardiac History</b>		
<input type="checkbox"/> CT Scan <b>send CD with patient</b>			<input type="checkbox"/> MI	<input type="checkbox"/> PCI	<input type="checkbox"/> CABG
<input type="checkbox"/> Echo			<input type="checkbox"/> CHF	<input type="checkbox"/> A Fib	<input type="checkbox"/>
<input type="checkbox"/> EKG			<input type="checkbox"/> PPM	<input type="checkbox"/> ICD	<input type="checkbox"/>
<input type="checkbox"/> CXR					
<input type="checkbox"/> Lab			<b>Protocol Medications</b>		
<b>Hgb</b>	<b>Hct</b>	<b>Cr</b>			
<b>PT</b>	<b>INR</b>	<b>PTT</b>			
<input type="checkbox"/> <i>Urine HCG on women 12-50 years of age</i>			<b>Current Medications</b>		
<b>Time Diagnosis Confirmed:</b> _____					
<b>One Call Transfer Time:</b> _____					
<b>Transport Arrival:</b> _____					
<b>ED Exit:</b> _____					
<b>Transport</b>					
<input type="checkbox"/> Air <input type="checkbox"/> Ground					
<b>Patient Condition</b>					
<input type="checkbox"/> Stable		<input type="checkbox"/> Cardiogenic Shock			
<input type="checkbox"/> CPR		<input type="checkbox"/> VT/VF			

Fax to Mercy Medical Center – Des Moines 515-643-8761