Contra Costa County EMS ALS-IFT

Phone: 925-941-9169
Fax: 925-941-3369

PATIENT STICKER

Instructions:
1. This form must be completed for transport to identify the appropriate level of service required.
2. Fax this completed form to: 925-941-3369
3. All ALS-IFT transfers must be completed by Contra Costa County EMS (Contra Costa County EOA Provider) 925-941-9169

Patient Name:_____
Patient DOB:_____
Patient Allergies:_____
Patient Diagnosis:_____

Vital Signs: Blood Pressure_____
Pulse_____
Respirations_____
Temperature_____

Medicare / Medi-Cal Physician Certification Statement
The undersigned practitioner certifies that they have personal knowledge of the patient's condition at the time transport is ordered and is medically necessary as specified above. This is not a guarantee of coverage or payment. (Form may be signed by MD, DO, RN, CM, NP, NS, PA if Medicare. If **Medi-Cal**, form must be signed by Physician, i.e.MD, DO.)

Signature_____ Date_____

Printed Name & Credentials_____ LIC/NPI#_____

Patient Condition ☐ **CRITICAL** ☐ **NONCRITICAL**

ALS IFT

Requires paramedic level assessment & decision making
Cardiac Monitoring
IV monitoring w/solution <20 mEq/L of Potassium Chloride (KCL)
Standby External Cardiac Pacing
Continuous Positive Airway Pressure (CPAP) or Nebulizer Therapy
Thoracostomy tube monitoring
One or more medications below are needed:
- Aerosolized or nebulized beta-2 specific bronchodilators
- 10% Dextrose
- Adenosine
- Aspirin
- Atropine Sulfate
- Calcium Chloride
- Diphenhydramine Hydrochloride
- Epinephrine
- Fentanyl
- Glucagon
- Lidocaine Hydrochloride
- Midazolam
- Naloxone Hydrochloride
- Nitroglycerin Tablets
- Sodium Bicarbonate

Supplemental Oxygen Delivery Type_____ Rate____
Medical Reason for O2_____
Reason unable to Self-Maintain O2_____
IV Isotonic/TKO
5150
Restraints
Dementia requiring behavioral monitoring
Isolation Precautions
Aspiration Precautions
Sedated; including narcotics within last 30 min
Post-Surgical positioning or movement precautions (fractures, Decubitus ulcers, etc.)
Bariatric patient Weight_____ Height_____
Other Devices that require medical monitoring:
Explain_____

ALS IFT with Facility RN

Requires nursing level assessment & decision making
Patient requires medication other than ALS medications listed above
IV monitoring w/solution >20 mEq/L of Potassium Chloride (KCL)
Infusion of Blood Products
Internal Cardiac Pacing Wires Connected to External Device

Requested response level: ☐ Scheduled (>3hr. Notice) ☐ Non-Scheduled (<3hr Notice - 60min)

Provide a Copy of Records Pertinent to Patient's Condition.

- Progress Notes
- Nursing Notes
- History and Physical
- Radiology Films / Disk
- Transfer Forms
- Other_____
- EKG
- Labs
- Face-Sheet
- DNR / P.O.L.S.T.

Additional Physician's Orders:

If patient needs services not available at sending facility please specify_____
See attached order for additional orders

Receiving Facility_____ Receiving Physician_____

Promised EMS Pick Up Time_____ EMS Time of Arrival_____ Date_____