# AEROMEDICAL EVACUATION OUTPATIENT HANDOFF CHECKLIST

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

---

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

---

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

---

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

# AEROMEDICAL EVACUATION OUTPATIENT HANDOFF CHECKLIST

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

---

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

---

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):

---

**Pt Name:**_____ **DOB:**_____ **Age:**_____ **Classification:**_____
**Diagnosis:**_____**AF 3899 signed by FS:** Y / N
**Preflight VS: BP**_____**P**____**R**____**SaO2**_____**T**_____**Pain**____**/10 Location:**_____
**Allergies:** _____ **Medical Attendant:** Y / N **Non-medical Attendant:** Y / N
**Inpt Records:** Y / N **Outpt Records:** Y / N **CD:** Y / N **Is patient a SAM?** Y / N **Narcotics:** Y / N
**Medications:** _____
**Next Medication(s) due:** _____
**Date of injury/surgery & procedure:**_____ **Last dressing change:**_____
**Saline Lock:** Y / N **Location:**_____**O2 requirements** _____
**Diet:** NPO / regular / full liquid / clear liquid / cardiac / low Na / diabetic / other _____
**Equipment:** Litter / IV pump / suction / backrest / glucometer / other_____
**Ambulatory Device:** crutches / cane / walker / walking cam boot / other _____
**If applicable,** date last seizure / chest pain / ETOH intake / Glucose_____
**Other pertinent info/treatments/labs:** _____

Handoff by AE CREW

☐ NO CHANGE

☐ CHANGE SUMMARY (please refer to patient record):