Patient Name: ___________________________________________ Date: ______________
Pt.floor/Rm #: _______________ Destination: ___________________ Time: __________ AM/PM

PATIENT READINESS FOR TRANSPORT
• Respiratory Rate: __________ Heart Rate: __________
• Observed SpO2 level at outset: ______________ %
• If applicable, target SpO2 set at ______________ %
• If applicable, supplemental oxygen @ ______ L/min via:
  □ Nasal cannula □ Air-entrainment mask (FiO2 @____)
  □ Other __________
• Breathing pattern:
  □ Regular □ Irregular □ Shallow □ Rapid

MONITORING EQUIPMENT – DEVICE READINESS
• Alarm parameters
  □ Low SpO2 alarm set at ______ %
  □ High SpO2 alarm set at ______ %
• Pulse Oximeter:
  □ Monitor, sensor and connecting cables in good physical condition
  □ All controls operate as intended
  □ All audio and visual alarms functional
• Battery charge: □ Full □ 75% □ 50% □ ≤ 50%
• Sensor placement: Circle location
  □ Earlobe: □ right □ left
  □ Forehead □ Other: ________________
  □ Sensor is attached to patient and secured for transport

OXYGEN SUPPLY
• Estimated duration of transport:
  □ < 1/2 hr □ 1/2 - 1 hr □ > 1 hr
  □ Sufficient oxygen for duration of transport

Circle estimated cylinder duration on chart
• Time oxygen cylinder started: ____________ AM/PM
• Estimated time of cylinder depletion: ______ AM/PM

References