

FORM No. II

STANDARD HELICOPTER TRIP SHEET (to be filled by BEAR team)

TRANSFERRING from: _____ to: _____		PATIENT DETAILS			
BEAR Team MD: RN:		Patient Name:		Age/se x	
		Address & Phone No:			
Contact Number		Incident location:			
TRIP DETAILS		PATIENT ASSESSMENT DETAILS			
Event Date		Alert/Verbal/Pain/Unresponsive			
Priority of Emergency (1-2-3)		Time	On scene	2 nd Time	3 rd Time
Departure from helipad (Thimphu)		PR/min			
Scene Arrival Time		BP(mmHg)			
Scene Departure Time		RR/min			
Helipad Reach Time		Temp			
Hospital Reach Time		SPO2 (%)			
		RBS(mg/dl)			
		GCS			
CASE SUMMARY:					
Details of Medical Care Given en route					
Handed over by (BEAR):			Taken over by (Referred Hospital):		

Signature:	
Name & Designation:	
Date/Time	
Contact No.	
Details of the patient attendant if accompanied, Name: _____ Age/Sex: _____ Contact No: _____	