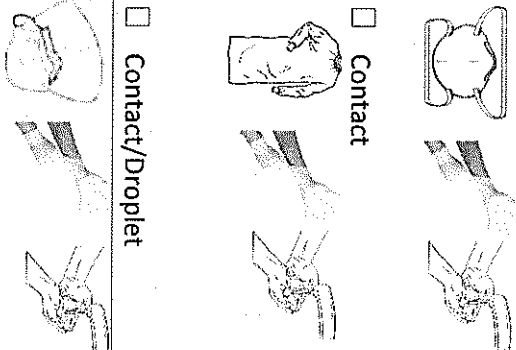



Date: _____ Time: _____

Ticket To Ride

Situation	Background	Assessment	Recommend
<p>Patient Label</p> <p>Transportation Mode/Mobility:</p> <input type="checkbox"/> Stretcher only <input type="checkbox"/> Stretcher with HoverMatt (non-ambulatory patients) <input type="checkbox"/> Wheelchair (ambulatory patients) <input type="checkbox"/> Other: _____ <p>Going to:</p> <input type="checkbox"/> DI (Circle one: X-Ray/CT/MRI/US) <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Operating Room <input type="checkbox"/> Other: _____	<p>Resuscitation Status:</p> <input type="checkbox"/> Full code <input type="checkbox"/> DNR <input type="checkbox"/> Other: _____ <p>Equipment:</p> <input type="checkbox"/> Oxygen <input type="checkbox"/> IV <input type="checkbox"/> Catheter	<p>Infection Control:</p> <input type="checkbox"/> Routine Practice <input type="checkbox"/> Airborne <input type="checkbox"/> Contact  <p>Contact/Droplet</p> 	<p>Other comments: _____ _____ _____</p> <p>For additional questions or concerns please contact: _____ Nurse Ext #: _____</p>

This document is NOT part of the permanent medical record and does NOT replace verbal communication when indicated.

Return Instructions (to be completed by the department receiving the patient):
 Test Completed

Comments: _____

¹ This Ticket to Ride is to be completed by nursing staff **only**, with the exception of the Return Instructions section.
² Any patient with behaviour alerts and/or confusion must be accompanied by a nurse or PSW.

