Date:_____ Time:_____

Ticket To Ride

Situation	Background	Assessment	Recommend
Patient Label **Transportation Mode/Mobility:** ☐ Stretcher only ☐ Stretcher with HoverMatt (non-ambulatory patients) ☐ Wheelchair (ambulatory patients) ☐ Other:_____ **Going to:** ☐ DI (Circle one: X-Ray/CT/MRI/US) ☐ Nuclear Medicine ☐ Operating Room ☐ Other:_____	☐ Confusion ☐ Visually Impaired ☐ Hearing Impaired ☐ Impaired Speech ☐ Bariatric ☐ Needs Interpreter ☐ Other:_____ _____ **Resuscitation Status:** ☐ Full code ☐ DNR **Equipment:** ☐ Oxygen ☐ IV ☐ Catheter	**Infection Control:** ☐ Routine Practice ☐ Airborne ☐ Contact ☐ Contact/Droplet **Safety:** ☐ Behaviour Alert ☐ Physical ☐ Verbal ☐ Falls Risk ☐ Cytotoxic Precautions	Other comments: _____ _____ _____ _____ **For additional questions or concerns please contact:** _____Nurse **Ext #:**_____ QHC Quinte Health Care

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.