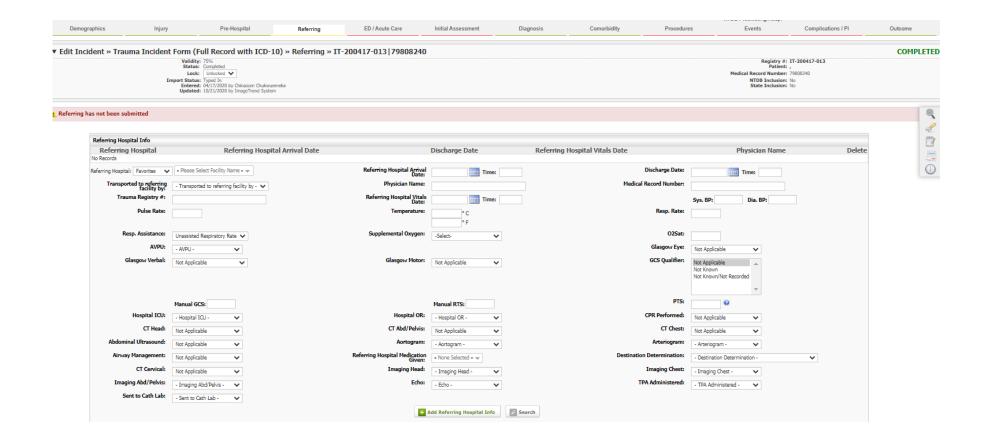


INDIANA PATIENT REGISTRY TRAINING

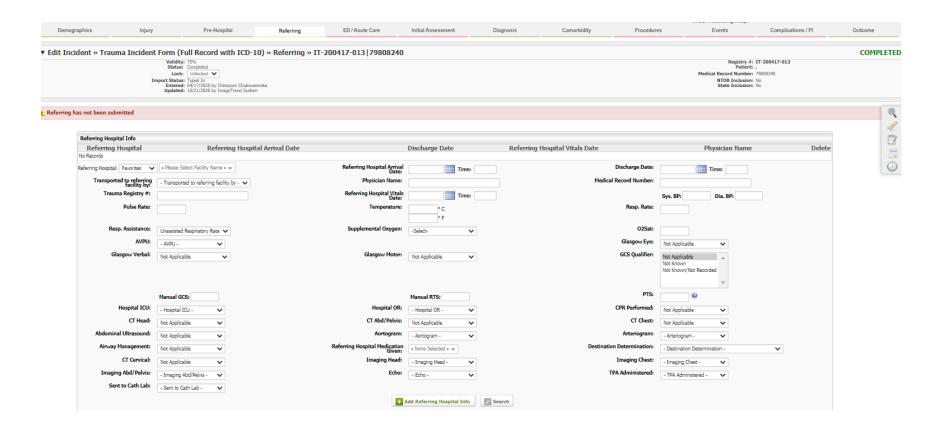
REFERRING HOSPITAL

Referring Hospital Screen



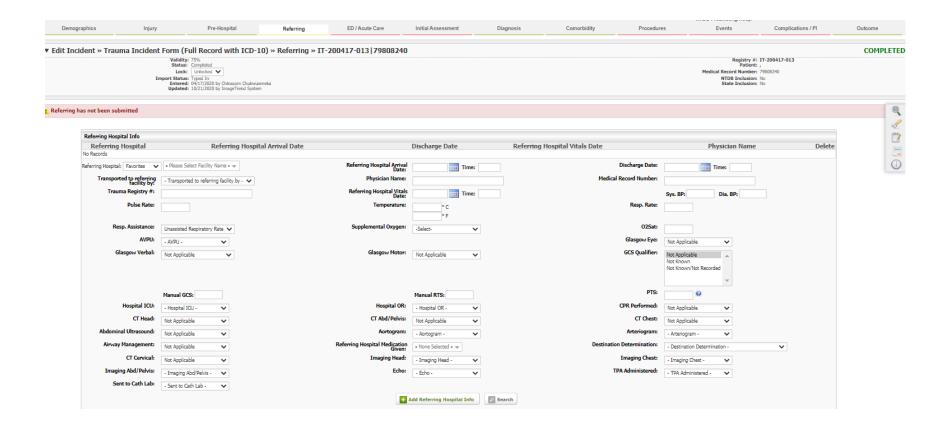


Referring Hospital Screen (2)



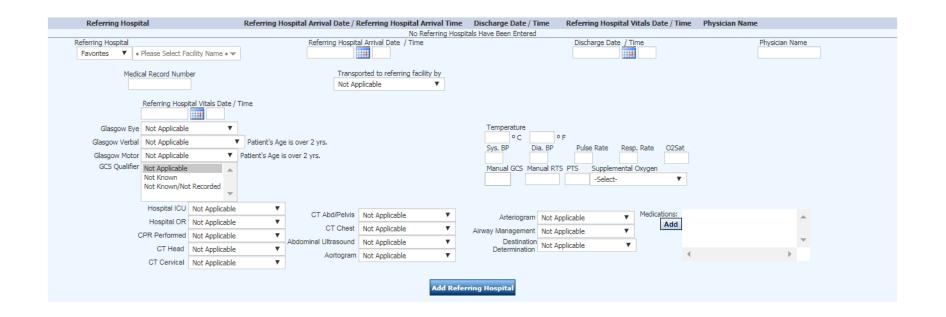


Referring Hospital Screen (3)





Referring Hospital Screen (4)



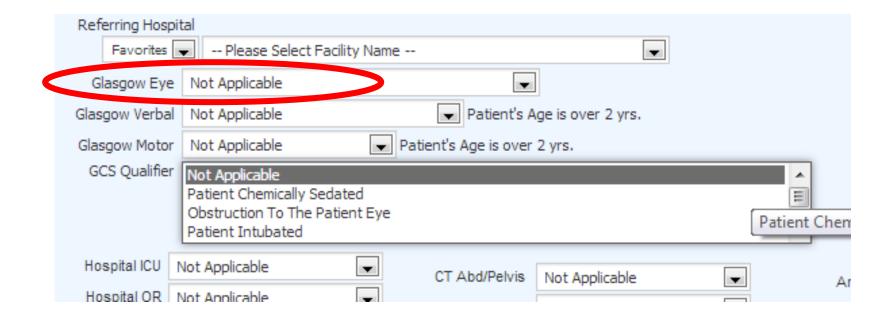


Referring Hospital Screen (5)





Referring Hospital Screen (6)



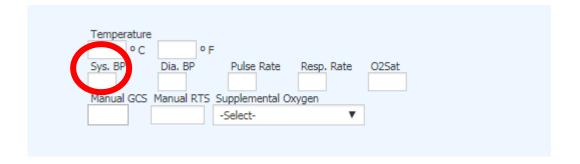


Referring Hospital Screen (7)



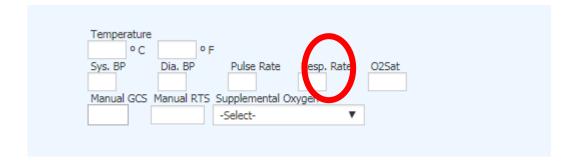


Referring Hospital Screen (8)





Referring Hospital Screen (9)





Referring Hospital Screen (10)

Sys. BP Dia. BP Pulse Rate Resp. Rate O2Sat Manual GCS Janua RTS Supplemental Oxygen
-Select- ▼



Referring Hospital Screen (11)





Referring Hospital Screen (12)





Referring Hospital Screen (13)



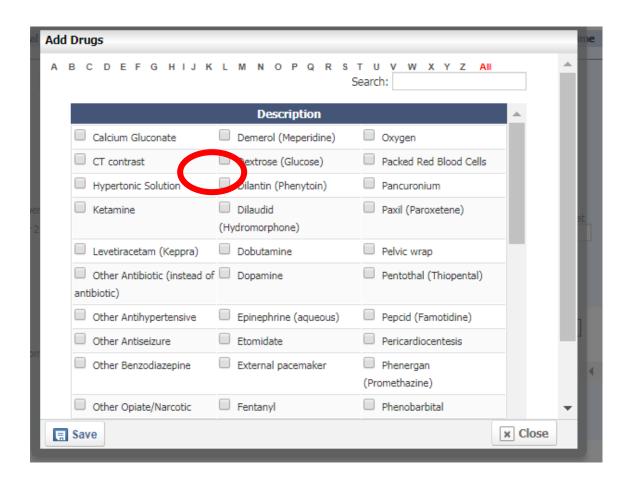


Referring Hospital Screen (14)





Referring Hospital Screen - Medications





Referring Hospital Screen - Add Referring Hospital





Referring Hospital Screen – Add Referring Hospital (2)

=	Referring Hospital		Referring Hospit	tal Arrival Date / Referring Hosp	ital Arrival Time	Discharge Dat	e / Time I	Referring Hospital Vitals Date / Time	Physician Name		
③ ≡										×	
9 =											
	Transported to referring fa	cility by: Not	CPR Performed:	I. Not Applicable	Airway Manage	ment: Not Applicat	le .	I	Destination Deter	rmination: Not Applicable	
	Applicable		CFR F CHOTHICU. NOt Applicable		randy handgement not applicable			Medical Record Number:	Described Determination. Not Applicable		
	Referring Hospital Medication Given: Glasgow Eye Glasgo		w VerballGlasgow MotorGCS Qualifier		ls,	rs BP Dia BP	Dulse Date	Resn Rate Resn Assistance	Sunnlementa	l Ovvren O2Sat PTS	
	Not Applicable	Not Applie				J. Di Did. Di	I disc Rucc	Not Applicable	-Select-	r oxygenozate i ris	
		pital OR	CT Head	CT Abd/Pelvis	CT Chest			Abdominal Ultrasound	Aortogram	Arteriogram	
	Not Applicable Not	Applicable	Not Applicable	Not Applicable	Not Applicabl	e Not A	plicable	Not Applicable	Not Applicable	Not Applicable	
	ferring Hospital	- 1.			Time				Physician N	ame	
L	Favorites ▼ • Please Selec	Facility Name • 🔻						<u></u>			
	Medical Record Nu	mber		Transported to referring Not Applicable	predict Record Number: Portion						
	Referring H	ospital Vitals Date / Ti	me								
	Glasgow Eye Not Applica	ble ▼									
	Glasgow Verbal Not Applicable			Patient's Age is over 2 yrs.				Pulce Pate Pern Pate 075at			
	Glasgow Motor Not Applica	ble ▼ P	Patient's Age is over	r 2 yrs.		Sys. Dr	Dia. Dr	ruise Rate Resp. Rate 023at			
	GCS Qualifier Not Applica	ble				Manual GCS	Manual RTS	PTS Supplemental Oxygen			
	Not Known	Not Recorded						-Select- ▼			
	NOT KHOWII	NOT KECOIDED									
	Hospital IO	OU Not Applicable	▼					Madanta			
	Hospital (OR Not Applicable	*			Arteriog	ram Not Appl	icanie v		A	
	CPR Perform	ed Not Applicable	▼					licable ▼			
	CT Her	nd Not Applicable	Abdo	lominal Ultrasound Not Applicable	▼	Destin Determina	ntion Not Appl	icable ▼		*	
		al Not Applicable	¥	Aortogram Not Applicable	•	Dotomin	alori .	4)		
	01 001110	Not Applicable									
	Add Referring Hospital										



Referring Hospital Screen – Save and Continue

