

**CMED Report and Patient Hand-off Tool**

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Gender: M F COVID + or PUI

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<b>MOI</b>	Med. SOB CP Diabetic _____ Trauma: MVA Fall _____ Psych: Sect 12 Vol. ETOH Meds/drugs	<b>MOI</b>	Med. SOB CP Diabetic _____ Trauma: MVA Fall _____ Psych: Sect 12 Vol. ETOH Meds/drugs
<b>Injury/Illness</b>		<b>Injury/Illness</b>	
<b>Si/Sx</b>	BP: ____/____ RR: _____ HR: _____ FSBS: _____ SPO2: ____% RA or ____lt FASTED: _____ GCS: _____ Temp: _____	<b>Si/Sx</b>	BP: ____/____ RR: _____ HR: _____ FSBS: _____ SPO2: ____% RA or ____lt FASTED: _____ GCS: _____ Temp: _____
<b>Treatment</b>	C-Collar Splint Bandage Epi ASA Neb Nitro O2 IV Fluids Glucose D10 / D50	<b>Treatment</b>	C-Collar Splint Bandage Epi ASA Neb Nitro O2 IV Fluids Glucose D10 / D50

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