



## AIR MEDICAL ESCORT GROUND AMBULANCE SRL

### MEDICAL REPORT FOR FLIGHT ACCEPTANCE

Patient:	
First name:	Last name:
Date of birth:	tel:
Acc. Person:	
Actual Diagnosis:	
Further Diagnosis:	
Hospital:	City:
Country:	tel:
Ward:	room:
Contact person	tel:
Destination Hospital	City:
Country:	tel:
Ward:	room:
Patient history:	
Patient status date:	
GSC:	body weight:
Nutrition:	mobility:
Actual lab. test results:	
Hemoglobin:	platelets:
Blood gas (art):	ph:
base excess (BE):	
Breathing status:	
<input type="checkbox"/> spontaneous <input type="checkbox"/> demand of oxygen: <input type="checkbox"/> 2 l/min. <input type="checkbox"/> 4 l/min. <input type="checkbox"/> l/min	
<input type="checkbox"/> ventilated: <input type="checkbox"/> ASB <input type="checkbox"/> BIPAP           O2% INSP.:	
<input type="checkbox"/> SIMV <input type="checkbox"/> CPAP           PIP (mbar):	
<input type="checkbox"/> IPPV           PEEP (mbar):	
Saturation (%):	Po2:
	pCo2:
Circulation:	blood pressure:
	Catecholamines:
Heart rate:	<input type="checkbox"/> stabile <input type="checkbox"/> unstable
<input type="checkbox"/> dopamine	qg/kg/min
<input type="checkbox"/> dobutamine	qg/kg/min
<input type="checkbox"/> epinephrine/suprarenine	qg/kg/min
<input type="checkbox"/> noradrenaline	qg/kg/min
Catheter:	<input type="checkbox"/> CVC (central venous catheter) <input type="checkbox"/> peripheric <input type="checkbox"/> arterial
All drugs:	Syringe pumps:
i.v.:	
Oral:	
Drains:	<input type="checkbox"/> yes/no
Vesical catheter?	<input type="checkbox"/> yes/no
Pneumothorax?	<input type="checkbox"/> yes/no
Infectious diseases MRSA/ELSBL/COVID.	<input type="checkbox"/> yes/no
In the opinion of the doctor fit to fly	<input type="checkbox"/> yes/no
Fly for:	<input type="checkbox"/> air ambulance <input type="checkbox"/> commercial airlines <input type="checkbox"/> private jet <input type="checkbox"/> ground ambulance
<input type="checkbox"/> doctor <input type="checkbox"/> nurse	<input type="checkbox"/> civil escort <input type="checkbox"/> another person:
Signature:	Date of flight:
No. flight:	Airport: