

Date: ____/____/____ This ticket must accompany every patient that leaves your care for a procedure.



TICKET TO RIDE

From: _____ To: _____
RN Name: _____ Ext. _____
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Is the patient oriented? <input type="checkbox"/> Yes <input type="checkbox"/> No
If appropriate, is the consent signed by patient & staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this patient need meds or is the patient recently medicated? _____
Are there infection control issues? <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> TB <input type="checkbox"/> Other: _____
How does the patient ambulate? _____
Does the patient have spinal precautions? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Special Needs? _____
Does the patient have multiple exams in Imaging today? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes what? _____
Is the patient DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No
Falls Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Note on return to Floor: _____ _____
Transporter Name: _____ <input type="checkbox"/> Patient ID Bank Checked <input type="checkbox"/> Date of Birth Confirmed

1000-206

12/07