MEK JET

Medical Information Form

MEDIF

Patient

Name and surname

Gender

☐ M ☐ F

Date of birth

Nationality

Admission details

Hospital / facility name

Admission date

Diagnosis

Patient categorization

- ☐ Patient without acute threat to life but requiring hospitalization
- ☐ Patient with injury/disease that could possibly lead to deterioration of vital signs
- ☐ Patient with acute life-threatening condition
- ☐ Patient requiring intensive care
- ☐ Infection / contagious risk to others

Pathogen

Vital parameters

Blood pressure

Temperature

Heart rate

Oxygen saturation

Respiratory rate

Neurologic

Pupils ☐ Normal ☐ Abnormal (describe)

Glasgow Coma Scale Eye Verbal Motor

Consciousness ☐ Alert ☐ Clouded ☐ Unconscious ☐ Sedated

Mobility ☐ Full ☐ Restricted ☐ Immobile

Pain / 10

Breathing

☐ Spontaneous ☐ Intubated ☐ Tracheostomy ☐ Oxygen L/min

Other

Circulation

☐ Stable ☐ Unstable ☐ On inotropic support

Laboratory

HGB	HCT	WBC	PLT	Glucose	Creatinine

CRP	Lactate	Na	K	Cl	ABG pH

ABG pO2	ABG pCO2	ABG HCO3	ABG BE

Lines and catheters

☐ Peripheral IV line	Day	☐ Chest tube	Day
☐ Central venous line	Day	☐ Nasogastric tube	Day
☐ PICC line	Day	☐ Foley catheter	Day
☐ Arterial line	Day	☐ Other (specify)	Day

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Ventilator settings

Vt [mL] _____ Trigger [L/min] _____ **Mode** ☐ IPPV

Freq [1/min] _____ PEEP [mbar] _____ ☐ SIMV ASB

Pmax [mbar] _____ I:E _____ ☐ CPAP ASB

FiO2 % _____ Tplat % _____ ☐ BiPAP ASB

Equipment requirement

☐ Monitoring ☐ ECG ☐ NIBP ☐ EtCO2 ☐ IBP ☐ ICP ☐ Pulse oximeter

Other monitoring _____

☐ Mechanical ventilator ☐ Incubator

☐ Infusion pump Quantity _____ ☐ Injector pump Quantity _____

☐ Ventricular assist device ☐ ECMO

Other (specify) _____

Patient dimensions

Weight _____ kg Width at shoulder _____ cm

Height _____ cm Width at abdomen (including arms) _____ cm

Width at hips _____ cm

Medications and fluids

Generic name (active substance)	Dose	Route

Comments on fitness to fly on air ambulance aircraft

Extra notes

Form filled in by

Full name _____ **Position** _____

Contact number _____ **Date** _____