MEDICAL INFORMATION FORM (MEDIF)

PATIENT

NAME 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: _____ LT/M

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:

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

☐ MONITORIZATION	☐ ECG	☐ NIBP	☐ EtCO2	☐ IBP	☐ ICP		PULSE OXYMETER
	OTHER:						

MECHANICAL VENTILATOR	
INFUSION PUMP	QUANTITY:
INJECTOR PUMP	QUANTITY:
INCUBATOR	
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:	