

Telemedicine on Transport

Date: _____

MRN: _____

Referring hospital: _____ Wifi Password: _____

Diagnosis :

Resp:

CV:

Neuro:

Gi/Gu:

Meds given at OSF:

Labs:

Recommendations from MCP: _____

Consent Form Obtained: Yes _____ No _____

Video link attempted : Time _____

Video link connected: Time _____

MCP Quality of Video : Good _____ Poor _____ of Sound: Good _____ Poor _____

Transport Quality of Video : Good _____ Poor _____ of Sound: Good _____ Poor _____

Management changed once MCP viewed patient: Yes _____ No _____

New Recommendations: _____

Parents comfort level improved when pt seen by MCP: Yes _____ No _____

Physician comfort level improved once patient was visualized: Yes _____ No _____

Problems connecting: Describe _____
