

TICKET TO RIDE

This is a copy of the ticket that is currently being used for patient transportation by non-licensed staff.

TICKET TO RIDE	
S	Patient location: _____ Destination: <input type="checkbox"/> Cancer Center <input type="checkbox"/> ECHO <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> CT Scan <input type="checkbox"/> EEG <input type="checkbox"/> OR <input type="checkbox"/> Diagnostic Radiology <input type="checkbox"/> Floor: _____ <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Dialysis <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> Ultrasound <input type="checkbox"/> Discharge <input type="checkbox"/> MRI <input type="checkbox"/> Vascular Lab Date: _____ Time: _____
B	Isolation Precautions: <input type="checkbox"/> None <input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Enteric <input type="checkbox"/> Protective Environment Special Needs: _____ Code Status: <input type="checkbox"/> Full <input type="checkbox"/> DNR/DNI <input type="checkbox"/> CMO
A	Is the patient oriented? <input type="checkbox"/> Yes <input type="checkbox"/> No Fall risk? <input type="checkbox"/> Yes <input type="checkbox"/> No O2? <input type="checkbox"/> Yes <input type="checkbox"/> No IV? <input type="checkbox"/> Yes <input type="checkbox"/> No Mode of transportation: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Bed <input type="checkbox"/> Chair <input type="checkbox"/> Stretcher
R	Patient return time: _____ Status: <input type="checkbox"/> Same <input type="checkbox"/> Changed Comments: _____ _____
RN INITIALS: _____ TRANSPORT INITIALS: To: _____ Returning: _____	

The “Ticket to Ride” will be printed in the Copy Center. It is the responsibility of each unit to replenish their supply by ordering through the Copy Center (x2400).

THIS MUST BE USED EVERY TIME A PATIENT IS TRANSPORTED FROM ONE AREA TO ANOTHER – INCLUDING DISCHARGE.