

APPENDIX: 31

TITLE: TREAT-AND-RELEASE CHECKLISTS

REVISED: June 01, 2019

HYPOGLYCEMIA TREAT-AND-RELEASE CHECKLIST

Name: _____ DOB: _____ DATE: _____

Yes	NO	Questions
		1. Is there a clear reason for the hypoglycemic episode?
		2. Is the patient alert and oriented and have capacity for decision making?
		3. Is the patient's repeat BG above 80 mg/dl?
		4. Has the patient's BG been well controlled prior to this episode?
		5. Is the patient able to eat a complex carbohydrate meal?
		6. Does the patient have regular, on-going physician care?
		7. Is the patient comfortable with non-transport by EMS?
		8. Is the patient/guardian willing to sign a release form?
		9. Is there another responsible person with the patient?
		10. Is the patient's temperature with normal limits? Normal = 95° to 100.4° F

Any "No" answer above requires contact with Medical Control prior to release.

Time: _____

Facility: _____

Physician: _____

Additional Comments:

Treat-and-Release Checklists

EPISTAXIS TREAT-AND-RELEASE CHECKLIST

Name: _____ DOB: _____ DATE: _____

Yes	NO	Questions
		1. Has the epistaxis stopped?
		2. Is the epistaxis non -traumatic in origin?
		3. Is the patient alert and oriented and has capacity for decision making?
		4. Is the patient's systolic blood pressure below 180 mmHg?
		5. Is the patient's diastolic blood pressure below 110 mmHg?
		6. Is the airway stable and without compromise from bleeding?
		7. Is the patient free of blood thinners (excluding Aspirin)?
		8. Is the patient free of other active bleeding, such as GI bleeding, hematuria, etc?
		9. Does the patient have regular, on-going physician care?
		10. Is the patient comfortable with non-transport by EMS?
		11. Is the patient/guardian willing to sign a release form?

Any "No" answer above requires contact with Medical Control prior to release.

Time: _____

Facility: _____

Physician: _____

Additional Comments:

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