

APPENDIX: 31

TITLE: TREAT-AND-RELEASE CHECKLISTS

REVISED: April 01, 2023

HYPOGLYCEMIA TREAT-AND-RELEASE CHECKLIST

Name: _____ DOB: _____ Date: _____

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	1. Is there a clear reason for the hypoglycemic episode?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is the patient alert and oriented and have capacity for decision making?
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the patient's repeat BG above 80 mg/dl
<input type="checkbox"/>	<input type="checkbox"/>	4. Has the patient's BG been well controlled prior to this episode?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the patient able to eat on complex carbohydrate meal?
<input type="checkbox"/>	<input type="checkbox"/>	6. Does the patient have a regular, on-going physician care?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is the patient comfortable with non-transport by EMS?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is the patient/guardian willing to sign a release form?
<input type="checkbox"/>	<input type="checkbox"/>	9. Is there another responsible person with the patient?
<input type="checkbox"/>	<input type="checkbox"/>	10. Is the patient's temperature within 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

<input type="checkbox"/>	<input type="checkbox"/>	1. Has the epistaxis stopped?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is the epistaxis non -traumatic in origin?
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the patient alert and oriented?
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the patient's systolic blood pressure below 180 mmHg?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the patient's diastolic blood pressure below 110 mmHg?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is the airway stable and without compromise from bleeding?
<input type="checkbox"/>	<input type="checkbox"/>	7. Is the patient free of (not on) blood thinners (excluding Aspirin)?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is the patient free of other active bleeding, such as GI bleeding, hematuria, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	9. Does the patient have regular, on-going physician care?
<input type="checkbox"/>	<input type="checkbox"/>	10. Is the patient comfortable with non-transport by EMS?
<input type="checkbox"/>	<input type="checkbox"/>	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: _____

PD EVAL TREAT AND RELEASE CHECKLIST

Name: _____ DOB: _____ Date: _____

YES NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Under age 18 or have a legal guardian? - <i>Minors cannot be released without Guardian/LE taking responsibility</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Disoriented or altered LOC? – <i>altered LOC does not allow Treat/Release</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. BG below 80mg/dl with altered LOC? – <i>Low BG must be corrected and patient mentation normal for Treat/Release (see M-06 & Hypoglycemia T&R)</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Any high-risk medical history?
<input type="checkbox"/>	<input type="checkbox"/>	5. Vital signs outside expected or normal limits? <i>HR<100; SBP<160, DBP<100; R unlabored 10-24bpm; SPO2 >92%, CO<5% (<8% smoker)</i>
<input type="checkbox"/>	<input type="checkbox"/>	6. Use of mind-altering substances?
<input type="checkbox"/>	<input type="checkbox"/>	7. Does the patient request transport by EMS?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is there any injury needing physician evaluation? - <i>(x-ray, stiches, pain medication, etc.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	9. If in custody: Does the Officer want the patient transported?
<input type="checkbox"/>	<input type="checkbox"/>	10. Any other priority symptoms?

All items shall be considered, and any abnormal answers or complaints need to be thoroughly documented in EHR if patient is released. If provider feels it necessary, a signed refusal may be completed, but not required for evaluation with no care.

TREAT-AND-RELEASE CHECKLISTS