

DEPARTURE CHECKLIST

**RADIOLOGY/OR/ICU AWARE
OF PATIENT?**

**ADEQUATE VASCULAR
ACCESS?**

**MASSIVE HEMORRHAGE
PROTOCOL REQUIRED?
ANTICOAGULANT REVERSAL?**

**TXA/TETANUS/ABX/ANALGESIA
INDICATED?**

**EQUIPMENT AND MEDICATIONS
READY FOR TRANSPORT?**

PLAN TO UPDATE FAMILY?

ANY CONCERNS FROM THE TEAM?

NURSING

- 1. TYPE AND SCREEN X2?**
- 2. TEMP. RECORDED/TREATED?**
- 3. BLOOD TAGS COPIED AND SENT?**
- 4. PERSONAL BELONGINGS WITH PATIENT?**
- 5. ARMBAND IN PLACE?**

CONSIDER TEAM DEBRIEF