

# AMBULANCE HANDOVER



<b>A</b>	<b>AGE OF PATIENT NAME IF KNOWN</b>
<b>T</b>	<b>TIME OF INCIDENT / ONSET</b>
<b>M</b>	<b>MECHANISM OF INJURY or MEDICAL COMPLAINT</b>
<b>I</b>	<b>INJURIES or INVESTIGATIONS i.e. medical findings</b>
<b>S</b>	<b>SIGNS</b>  A Airway problems ? B Resp Rate + SaO <sub>2</sub> C Pulse Rate + BP D GCS or AVPU E Exposed injuries etc
<b>T</b>	<b>TREATMENT</b> Treatment administered already