Additional file 1

Patient number: [redacted]

Subject number: [redacted]
Subject number

Case Report Form
Handover from Ambulance to Emergency Department

**G00. General Information**

Date screening (day/month/year):  

Data collected by: ..........................................................

Verbal informed consent given: Yes □ No □

Gender: Male □ Female □

Age:  

Specialism:  

Urgency CPA towards patient: A1 □ A2 □

Urgency CPA towards ED: A1 □ A2 □

Triage by ED: Red □ Orange □ Yellow □

Reason of referral: Circulatory □ Respiratory □ Digestive □

Urogenital □ Musculoskeletal □ Endocrine □

Central nerve system □ Hematological □ Other □

**G01. Pre-Hospital information**

G01-01: Estimated Time of Arrival:  

G01-02: Refferer: General Practitioner □ CPA □ Other hospital □

G01-03: Pre-Hospital information received: Yes □ No □
**G01-04: Pre-hospital information by:**  
GP □  Medical expert □  MKA □

Ambulance digitally □  Ambulance phone □

**G02. Vital parameters**

| Parameter                          | First values by ambulance | MEWS | Values during handover | Parameters mentioned during handover | MEWS | First values on the ED | MEWS |
|------------------------------------|---------------------------|------|------------------------|---------------------------------------|------|------------------------|------|
| Respiratory rate per minute        |                           |      | Yes/No                 |                                       |      |                        |      |
| O2 saturation (%)                  |                           |      | Yes/No                 |                                       |      |                        |      |
| Temperature (°C)                   |                           |      | Yes/No                 |                                       |      |                        |      |
| Systolic blood pressure (mmHg)     |                           |      | Yes/No                 |                                       |      |                        |      |
| Heart rate per minute              |                           |      | Yes/No                 |                                       |      |                        |      |
| Consciousness                      |                           |      | Yes/No                 |                                       |      |                        |      |

Oxygenation:  
NRM □  Ventimask □  O2-glasses □  None □

Oxygen in liters per minute: □ □

**MODIFIED EARLY WARNING SCORE - UMCG**

| Score | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
|-------|---|---|---|---|---|---|---|
| Respiratory Rate | <9 | 9-14 | 15-20 | 21-30 | >30 |
| Heart Rate | <40 | 40-50 | 51-100 | 101-110 | 111-130 | >130 |
| Systolic blood pressure | <70 | 70-80 | 81-100 | 101-200 | >200 |
| Consciousness | A | V | P | U |
| Temperature | <35.1 | 35.1 - 36.5 | 36.6 - 37.5 | >37.5 |
| Saturation | <90% | <92% | <95% | >95% |

A = Alert  V = Response on voice  P = Response on pain  U = No response

If production of urine < 75ml in the last 4 hours  Add 1 point
In case of worries about clinical status of patient  Add 1 point
G03. Preparation by ED

G03-01: Team prepared: Yes ☐ No ☐

G03-02: Preparation: Teamwork and consultation ☐ Preparation of instrumentation ☐

G04. Handover

G04-01: Amount of patients in waiting room: ☐

G04-02: Amount of patients on ED: ☐

G04-03: Time of entrance ED: ☐ ☐ ☐

G04-04: Time of entrance room: ☐ ☐ ☐

G04-05: Time of arrival nurse: ☐ ☐ ☐

G04-06: Time of arrival physician: ☐ ☐ ☐

G04-07: Time start of handover: ☐ ☐ ☐

G04-08: Time of stop handover: ☐ ☐ ☐

G04-09: Waiting time until handover: ☐ minutes

G04-10: Duration of handover: ☐ minutes
Subject number:  

Team ED

G04-11: ED Nurse present:
- During whole handover: □ Partly □ Absent □
  - If partly: □
- More than half of the time: □ Less than half of the time: □

G04-12: Physician present:
- During whole handover: □ Partly □ Absent □
  - If partly: □
- More than half of the time: □ Less than half of the time: □

Handover instrument

G04-13 Use of handover instrument:

| ABCDE   |AMPLE   | SBAR |
|---------|---------|------|
| Airway  | Allergy | Situation |
| Breathing | Medication | Background |
| Circulation | Past | Assessment |
| Disability | Last meal | Recommendation |
| Exposure | Events | |

G04-14: Correct order:
□ □ □

G04-15: Ambulance mentioned administered medication: Yes □ No □

G04-16: Mentioned medication corresponds with pre-hospital information:
Yes □ No □

G04-17: Mechanism of injury mentioned by ambulance: Yes □ No □

G04-18: Interruptions during handover: Yes □ No □

G04-19: Verifying questions asked by ED personell: Yes □ No □

G04-20: Clarifying questions asked by ED personell: Yes □ No □

G04-21: Transfer of patient before or after handover: Before □ After □