Fire & Emergency Department Toolkit

MENTAL HEALTH INITIATIVE

Alternative Destination Evaluation Form

Stigma Free FISHERS

stigmafreefishers.com

Fishers Fire Department

Alternative Destination Evaluation Form

Primary reason for call

□ Suicidal	□ Homicidal	□ Psychosis	□ Intoxication

Age <18	□ Yes	□ No	
Currently having chest pain	□ Yes	□ No	
Disoriented to person-place-time-event	□ Yes	□ No	
Signs of delirium/confusion	□ Yes	□ No	
Hx of medical dx needing evaluation	□ Yes	□ No	
Physical medical/trauma symptoms	□ Yes	□ No	
Non reactive pupils	□ Yes	□ No	BP:_____/_____
Systolic BP >200 or <100 mm/hg	□ Yes	□ No	Pulse:_____
Pulse >120 bpm or <50 bpm	□ Yes	□ No	Resp rate:_____
Respiratory rate >24/min	□ Yes	□ No	SpO2:_____
SpO2 <94%	□ Yes	□ No	FSBS:_____
Blood sugar >200 or <70	□ Yes	□ No	Temp:_____
Temperature >100.0 F or <96.0 F	□ Yes	□ No	
Abnormal lung sounds	□ Yes	□ No	
Cardiac rhythm disturbances	□ Yes	□ No	
Abnormal skin signs or edema	□ Yes	□ No	

Discretionary criteria

Is there evidence of acute intoxication?	□ Yes	□ No	
If signs of ETOH, BAC test completed?	□ Yes	□ No	BAC:____ FPD Unit ID:_____
Active infection/communicable disease?	□ Yes	□ No	
Any home medical equip/ports/pumps?	□ Yes	□ No	
Any home oxygen?	□ Yes	□ No	