

INCIDENT INFORMATION			
PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the listed Indications are met, Contraindications ruled out and Conditions achieved, a Qualified Provider¹ will transport critical patients by toboggan in accordance with PEAK's Critical Patient Toboggan Transport Procedure ('Supine/Lateral, Head-Up-Hill Position').

INDICATIONS FOR USE

- Patient's requiring spinal motion restriction **AND:**
 - Exhibit a lowered level of consciousness, **AND / OR**
 - Experiencing active vomiting or regurgitation, **AND / OR**
 - Complains of nausea

- Patient's requiring ongoing resuscitation **AND:**
 - Where a cardiac arrest protocol was initiated at the scene, **AND / OR**
 - The patient remains in cardiac arrest, **AND / OR**
 - Vomiting or regurgitation is imminent or probable

CONTRAINDICATIONS OF USE

1. Inability to provide adequate spinal motion restriction
2. Availability of an appropriate transport device that allows for safe ongoing resuscitation and continual airway observance and management is available (i.e. Trauma One Toboggan[®], appropriate snow cat)
3. Patient is endotracheally intubated

CONDITIONS OF USE (ALL CONDITIONS MUST BE ACCOMPLISHED PRIOR TO TRANSPORT)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Ruled out contraindications
- Prepared patient for toboggan transport as per PEAK's Critical Patient Toboggan Transport Procedure

¹ Qualified Provider - an individual who has received specific PEAK training.