ATTACHMENT I

PATIENT ESCORT(S) CLINICAL COMPETENCE CHECKLIST
***NOT PART OF THE MEDICAL RECORD***

This checklist should be completed within 72 hours prior to the patient transfer and filed at the Nursing Supervisor’s office. A courtesy copy will also be forwarded to the GMHA Social Services Department.

1. Escort(s) name: ________________________________

2. Professional status:
   [ ] Physician  [ ] Registered Nurse  [ ] RRT  [ ] Other (specify) __________________

3. Does the physician or allied health professional have active staff privileges?
   [ ] Yes  [ ] No

4. Escort has a current and valid Guam License:
   Title: ________________________________
   Expiration Date: __________________
   [ ] MD
   [ ] RN
   [ ] RRT
   [ ] Other (please specify) __________________

5. Escort has:
   Certification: ________________________________
   Expiration Date: __________________
   [ ] BLS
   [ ] ACLS
   [ ] PALS
   [ ] NALS
   [ ] Specialty Care or Area of Certification
       Specify __________________
       Appropriate hospital specialty experience __________________

6. Name of patient to be escort: ________________________________
   Diagnosis: ________________________________
   Reason(s) for transport ________________________________

I certify the above person meets the GMHA Escort qualifications.

Associate Administrator, Medical Services (For Physician Escort) ________________________________ Date __________________

Assistant Administrator, Nursing Services (For: Nursing Escort) ________________________________ Date __________________

Assistant Administrator, Professional Support (For Respiratory Therapist Escort) ________________________________ Date __________________

PATIENT ESCORT(S) CLINICAL COMPETENCE CHECKLIST
GUAM MEMORIAL HOSPITAL AUTHORITY
Reviewed/Revised: NM 11/15; MEC 11/15; EMC 12/15. Approved 05/16
Online Form