# Regional EMS Time Out Report

<table>
<thead>
<tr>
<th>Heart Alert</th>
<th>Sepsis Alert</th>
<th>Stroke Alert</th>
<th>Trauma Alert</th>
<th>Time ER notified by EMS:</th>
</tr>
</thead>
</table>

**Form to be filled out by Receiving ER Nurse**

- **Date:**
- **Time:**
- **Receiving ER Nurse:**

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**Regional EMS Time Out Report**

- **Age/Sex,** Mechanism of Injury;
  or Medical Complaint/History

- **Injuries**
  (time of injury, list head to toe);
  Inspections
  (time of onset, brief medical exam/findings)

- **Vital Signs**
  (first set & significant changes)

- **Treatment and Transfer of Care**
  Signature
  (obtain TOC signature in EPCR)

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1) Time: ________ am/pm; BP: ________ / ________ HR: ________
   RR: _______ SPO$_2$: ________ % etCO$_2$: ________ % GCS: ________

2) Time: ________ am/pm; BP: ________ / ________ HR: ________
   RR: _______ SPO$_2$: ________ % etCO$_2$: ________ % GCS: ________

Glucose: ________

Cincinatti Score: ________

LKWT: ________

VAN: Positive  Negative  (circle one)

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Were fluids given?  YES  NO  Amount of Fluids Given: ________

Were antibiotics administered prior to ER arrival?  YES  NO

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**Disclaimer:** This is a preliminary hand off report as verbalized by EMS for documentation by the ER Nurse receiving the report at the time of patient hand off. All portions need not be completed. This document serves as the interim EMS Medical Record until arrival of the required completed Electronic Patient Care Record (EPCR).

To obtain the latest version, visit: [http://strac.org/prehospital](http://strac.org/prehospital)