

ePCR Run Number: _____

Agency: _____

Medic #: _____

Form to be filled out by Receiving ER Nurse

Date: _____ Time: _____

Receiving ER Nurse: _____

PLACE HOSPITAL STICKER
HERE
(Highlight Visit Number)

Regional EMS Time Out Report

Heart Alert Sepsis Alert Stroke Alert Trauma Alert Time ER notified by EMS: _____

M	Age/Sex, Mechanism of Injury; or Medical Complaint/History	_____

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

S	Vital Signs (first set & significant changes)	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)
T	Treatment and Transfer of Care Signature (obtain TOC signature in EPCR)	_____

		Were fluids given? <input type="checkbox"/> YES <input type="checkbox"/> NO Amount of Fluids Given: _____
Were antibiotics administered prior to ER arrival? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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).

