

ePCR Run Number: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Medic #: \_\_\_\_\_  
 Form to be filled out by Receiving ER Nurse  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

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, <b>Mechanism</b> of Injury; or <b>Medical</b> Complaint/History	
I	<b>Injuries</b> (time of injury, list head to toe); <b>Inspections</b> (time of onset, brief medical exam/ findings)	
S	Vital <b>Signs</b> (first set & significant changes)	1) Time: _____ am/pm; BP: _____ / _____ HR: _____ RR: _____ SPO <sub>2</sub> : _____ % etCO <sub>2</sub> : _____ % GCS: _____ 2) Time: _____ am/pm; BP: _____ / _____ HR: _____ RR: _____ SPO <sub>2</sub> : _____ % etCO <sub>2</sub> : _____ % GCS: _____ Glucose: _____ BEFAST Score: _____ LKWT: _____ VAN:   Positive   Negative   (circle one)
T	<b>Treatment and Transfer of Care</b>  Signature (obtain TOC signature in EPCR)	<div>           Were fluids given? <input type="checkbox"/> YES   <input type="checkbox"/> NO   Amount of Fluids Given: _____         </div> <div>           Fluids Start Time: _____   Fluids Stop Time: _____         </div> <div>           Antibiotics Given? <input type="checkbox"/> YES   <input type="checkbox"/> NO   ABX Name: _____         </div> <div>           Dose: _____   Time: _____         </div>

**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).

