

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

Stroke Alert

Trauma Alert

Time ER notified by EMS of Alert: \_\_\_\_\_

<b>M</b>	Age/Sex, <b>Mechanism</b> of Injury; or <b>Medical</b> Complaint/History	_____
		_____
		_____
		_____
		_____
<b>I</b>	<b>Injuries</b> (time of injury, list head to toe); <b>Inspections</b> (time of onset, brief medical exam/ findings)	_____
		_____
		_____
		_____
		_____
<b>S</b>	Vital <b>Signs</b> (first set & significant changes)	1) Time: _____ am/pm; B/P: _____ / _____ HR: _____ RR: _____ SPO2: _____ % etCO2: _____ % GCS: _____
		2) Time: _____ am/pm; B/P: _____ / _____ HR: _____ RR: _____ SPO2: _____ % etCO2: _____ % GCS: _____
		Glucose _____
<b>T</b>	<b>Treatment</b>	_____
		_____
		_____
		_____
		_____

**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).

