

EMS TIME OUT REPORT

M	Mechanism or Medical Complaint	<p>Name, Age, Gender</p> <p>Mechanism: Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type</p> <p>Medical: Onset, Duration, History</p>
I	Injuries or Illness Identified	<p>Time of Injury or onset of illness</p> <p>List injuries Head to Toe</p> <p>Pain, Deformity, Injury Patterns</p> <p>STEMI o- 12 lead / Stroke o- LAPPS and LAMS</p>
S	Signs and Symptoms	<p>Symptoms and Vitals</p> <p>Initial, Current, Lowest Confirmed BP</p> <p>HR, BP, SPO2, RR, ETCO2, BG</p> <p>GCS: Eyes _____ Verbal _____ Motor _____</p> <p>Vital signs: first set and significant changes, including glucose</p>
T	Treatments	<p>Tubes, Lines (Location and Size), Fluids</p> <p>Medications and Response, Dressings, Splints</p> <p>Defibrillation / Pacing</p>

2019-09