

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: \_\_\_\_\_

<b>M</b>	Age/Sex, <b>Mechanisms</b> of Injury; or <b>Medical</b> Complaint/History	
		<b>Allergies:</b>
<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; 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: _____ LAPSS Score: Positive / Negative
		LKW: _____ LAMS Score: _____
<b>T</b>	<b>Treatment and Transfer of Care</b> 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 ED 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).

