

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:

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; B/P: _____ / _____ HR: _____ RR: _____ SPO2: _____ % etCO2: _____ % GCS: _____
		2) Time: _____ am/pm; B/P: _____ / _____ HR: _____ RR: _____ SPO2: _____ % etCO2: _____ % GCS: _____
		Glucose _____
T	Treatment	

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).

