

Prehospital EMS Interim & Time Out Report

Date: ___/___/___
place pt. label here

Time of Radio/Phone notification: ___:___ to (name) _____

Unit #: _____ PCAD Warsaw/Lincoln Cole Camp Mid-MO JCAD Saline Co. Other: _____

ETE/ETA: _____ Age: ___ yrs / mo Male / Female

CODE STROKE *TLKW* _____ **STEMI** **TRAUMA** condition: STABLE **UNSTABLE**

Name: _____ DOB: _____

M	MEDICAL COMPLAINT / HISTORY or MECHANISM of INJURY	_____
	_____	_____
	_____	_____
	_____	_____

I	INSPECTIONS (time of onset, brief exam findings)	_____
	_____	_____
	INJURIES (time of injury, list head to toe);	_____
	_____	_____

S	VITAL SIGNS (1° set & significant changes)	1° set	NOW TIME: ___:___	NOTES
		B/P	B/P	
		HR RR	HR RR	
		Pain	Pain	
		SPO ₂ _____%	SPO ₂ _____%	
		ETCO ₂ _____mmHg	ETCO ₂ _____mmHg	
		GCS	GCS	
		GLU	GLU	RN receiving report:

T	TREATMENT / response to meds	_____

Disclaimer: All portions need not be completed. This document serves as the interim EMS Medical Record until arrival of the required completed Prehospital Patient Care Record.