

EMS TIME OUT REPORT

<p>M</p>	<p>Mechanism or Medical Complaint</p>	<p>Name, Age, Sex</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>
<p>I</p>	<p>Injuries or Illness Identified</p>	<p>Head to Toe</p> <p>Pain, Deformity, Injury Patterns</p> <p>STEMI—12-Lead / Stroke— Cincinnati</p>
<p>S</p>	<p>Signs and Symptoms</p>	<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>T</p>	<p>Treatments</p>	<p>Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints</p> <p>Defibrillation / Pacing</p>