**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** |  |
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|  |
| **I** | **INSPECTIONS**(time of onset, brief exam findings)**INJURIES** (time of injury, list head to toe);  |  |
|  |
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|  |
|  |
| **S** | **VITAL SIGNS** (1° set & significant changes) | 1° setB/PHR RR PainSPO2 \_\_\_\_\_\_\_%ETCO2 \_\_\_\_\_\_mmHgGCS GLU   | NOW TIME: \_\_\_\_:\_\_\_\_\_B/PHR RR PainSPO2 \_\_\_\_\_\_\_%ETCO2 \_\_\_\_\_\_mmHgGCS GLU  | NOTESRN receiving report: |
| **T** | **TREATMENT** / response to meds |  |
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|  |

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.

Rev 08APRIL2018