**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° set  B/P  HR RR  Pain  SPO2 \_\_\_\_\_\_\_%  ETCO2 \_\_\_\_\_\_mmHg  GCS  GLU | NOW TIME: \_\_\_\_:\_\_\_\_\_  B/P  HR RR  Pain  SPO2 \_\_\_\_\_\_\_%  ETCO2 \_\_\_\_\_\_mmHg  GCS  GLU | NOTES  RN 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