

# EMS TIME OUT REPORT

<p><b>M</b></p>	<p><b>Mechanism or Medical Complaint</b></p>	<p>Name, Age, Sex</p> <p><b>Mechanism:</b> Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type</p> <p><b>Medical:</b> Onset, Duration, History</p>
<p><b>I</b></p>	<p><b>Injuries or Illness Identified</b></p>	<p><b>Head to Toe</b></p> <p>Pain, Deformity, Injury Patterns</p> <p>STEMI—12-Lead / Stroke— Cincinnati</p>
<p><b>S</b></p>	<p><b>Signs and Symptoms</b></p>	<p><b>Symptoms and Vitals</b></p> <p>Initial, Current, Lowest Confirmed BP</p> <p>HR, BP, SPO<sub>2</sub>, RR, ETCO<sub>2</sub>, BG</p> <p>GCS: Eyes ____ Verbal ____ Motor ____</p>
<p><b>T</b></p>	<p><b>Treatments</b></p>	<p>Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints</p> <p>Defibrillation / Pacing</p>