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MEDICINE

# EMS TIME OUT REPORT

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