

ePCR Run Number: _____

Agency: _____ Medic #: _____

Form to be filled out by Receiving ER Nurse

Date: _____ Time: _____

Receiving ER Nurse: _____

PLACE HOSPITAL STICKER
HERE
(Highlight Visit Number)

Regional EMS Time Out Report

☐ Health Alert ☐ Stroke Alert ☐ Trauma Alert

Time ER was notified by EMS of alert:

M	Age/Sex Mechanism of Injury Or Medical Complaint History	
I	Injuries (time of injury, list head to toe); Inspections (time of onset, brief medical exam/findings)	
S	Vital Signs (first set & significant changes)	1. Time: _____ am/pm; B/P _____ / _____ HR: RR: _____ SPO ₂ : _____ % etCO ₂ : _____ % GCS: 2. Time: _____ am/pm; B/P _____ / _____ HR: RR: _____ SPO ₂ : _____ % etCO ₂ : _____ % GCS: Glucose:
T	Treatment and Transfer of Care	

Disclaimer: This is a preliminary *hand off report as verbalized by EMS for documentation by the ER Nurse* receiving the report of the time at patient hand off. All portions need not be completed. This document serves as the interim EMS Medical Record until arrival of the required completed Electronic Patient Care Record (EPCR).

