# Regional EMS Time Out Report

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| **Age/Sex,**  
**Mechanism**  
of Injury;  
or  
**Medical**  
Complaint/History | **Injuries**  
(time of injury,  
list head to toe);  
**Inspections**  
(time of onset, brief  
medical exam/findings) | **Vital Signs**  
(first set &  
significant changes) | **Treatment** |
| | | 1) Time: _______ am/pm; B/P: _______/_______ HR: _______  
RR: ______ SPO2: _________% etCO2: _________% GCS: _______ |
| | | 2) Time: _______ am/pm; B/P: _______/_______ HR: _______  
RR: ______ SPO2: _________% etCO2: _________% GCS: _______ |
| | | Glucose ______ |

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**Disclaimer:** This is a preliminary hand off report as verbalized by EMS for documentation by the ER Nurse receiving the report at the time of 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).

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To obtain the latest version, visit: [http://strac.org/index.php/home/docman-files](http://strac.org/index.php/home/docman-files) or search: ER Handoff