

EMS TIME OUT REPORT

M	Mechanism or Medical Complaint	<p>Name, Age, Sex</p> <p>Mechanism: Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type</p> <p>Medical: Onset, Duration, History</p>
I	Injuries or Illness Identified	<p>Head to Toe</p> <p>Pain, Deformity, Injury Patterns</p> <p>STEMI—12-Lead / Stroke — Cincinnati</p>
S	Signs and Symptoms	<p>Symptoms and Vitals</p> <p>Initial, Current, Lowest Confirmed BP</p> <p>HR, BP, SPO₂, RR, ETCO₂, BG</p> <p>GCS: Eyes _____ Verbal _____ Motor _____</p>
T	Treatments	<p>Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints</p> <p>Defibrillation / Pacing</p>