

EMS TIME OUT REPORT



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