CT EMS-to-ED Handoff Tool

[ePCR report #] EMS Org	NAME DOB
[Form to be filled out by Receiving ER Nurse] DateTime Receiving ER staff	OR PLACE HOSPITAL STICKER HERE

Trauma Alert

STEMI Alert

Sepsis Alert

Stroke Alert - last known well@ _____ symptom onset@ _ Allergies _____ -Age/Sex Medications _____ -Mechanism of Injury -Medical Complaint/History -Injuries (time of injury, list head to toe) -Inspections (time of onset, brief medical exam/ findings) 1) Time: _____ B/P: ____/ HR: ____ RR: ____ SPO2: _____% etCO2: ______% GCS: _____ -Vital **Signs** (first set & significant 2) Time: _____ B/P: ____ /___ HR: ____ RR: ____ changes) SPO2: _____% etCO2: _____% GCS: _____ Glucose _____ -Treatment -Interventions

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).