EMS Patient Hand-off Report

This form does not replace the electronic Patient Care Report (ePCR). This form is only a Patient Handoff Report per Legislative Rule 64 CSR 48-3.2.c requiring that a Patient Handoff Report be left by the EMS crew prior to leaving the Emergency Department.

Agency:

Patient Name:

Chief Complaint/Impression:

Brief History/Pertinent Symptoms:

Pertinent Physical Exam Finding:

Allergies ☐ **NKDA** ☐ **NKFA**	**Allergies** ☐ **NKDA** ☐ **NKFA**

Medication:	☐ NONE	☐ Medication Delivered with Report	☐ Medication List Delivered with Report

Vital Signs: **See official ePCR for all Vital Signs**

	Pulse	**RR**	**BP**	**Sp02**	**EtC02**	**Glucose**	**Temp**	**Mental Status (AVPU)**			
Initial:								☐ Alert	☐ Voice	☐ Pain	☐ Unresponsive
Drop off:								☐ Alert	☐ Voice	☐ Pain	☐ Unresponsive

Assessment

	Time	**12 Lead**	**Cincinnati Prehospital Stroke Score:**			**FAST-ED Stroke Severity Score:**
Initial:			☐ Speech	☐ Facial	☐ Extremities	
			☐ Speech	☐ Facial	☐ Extremities	
Drop off:			☐ Speech	☐ Facial	☐ Extremities	

EMS Treatment Provided:

IV: ☐ NO ☐ YES	Size/Location:			IV Fluid Type:		Total Fluid:	ML

Oxygen Type: ☐ NC: _____L/M ☐ CPAP: _____cm/H20 ☐ BiPAP: _____IPAP _____EPAP ☐ NRB: ☐ HHN

☐ ETT/King: Size: _____ Monitoring: _____ inches/lip Initial _____ inches/lip Transporting _____ inches/lip Drop Off

Medication/Intervention

Time	**Medication Administered**	**Dose/Route**	**Notes/Comments**

PATIENT HAND-OFF

Primary EMS Caregiver Printed Name:	**Name of Receiving Facility:**	Time of Transfer
Certification #	**Receiving Healthcare Provider Printed Name:**	
Signature:		
Secondary EMS Caregiver Printed Name:		
	Healthcare Provider Signature:	
Certification #		
Signature:		