

# PENNSYLVANIA EMS HANDOFF REPORT

*Give EMS 30 seconds, they'll tell you everything you need to know!!!*

<b>D</b>	<b>Demographics</b>	Age, sex, weight (if pertinent)
<b>M</b>	<b>Mechanism of Injury</b> or <b>Medical Complaint</b>	<u>Medical</u> : OPQRST as appropriate  <u>Mechanism</u> : Speed, mass, height of fall, restraints, type of collision, safety device use, type of weapon
<b>I</b>	<b>Injuries</b> or <b>Illness</b>	<u>Injuries</u> : Head to toe, significant findings  <u>Info</u> : ECG, stroke scale, SAMPLE
<b>S</b>	<b>Vital Signs</b>	GCS, pulse, resp., BP, SpO2, BSG if applicable
<b>T</b>	<b>Treatments Provided</b>	<u>Tx</u> : Tubes, lines, meds, electrical therapy, O2, wound care  <u>Trends</u> : Responses to treatments

## CRITICAL PATIENT

- \* Patient transferred to hospital stretcher
- \* Hospital team performs critical interventions as needed
- \* When appropriate, Hospital Team Lead calls for “EMS TIME OUT”
- \* 30 second period of SILENCE for EMS report
- \* EMS remains present for additional questions

## STABLE PATIENT

- \* Patient remains on EMS stretcher
- \* Hospital Team Lead calls for “EMS TIME OUT”
- \* 30 second period of SILENCE for EMS report
- \* Patient is transferred to hospital stretcher and hospital team begins care
- \* EMS remains present for additional questions

**Per regulation, EMS shall complete a DOH EMS Transfer of Care form and provide it to the receiving facility staff prior to departing.**