

Medical Emergency Tracking Form

- Time Event Recognized: _____
- Time 911 Called: _____
- Time EMS arrived: _____ Time transferred to hospital: _____
- Signs/Symptoms/Description of Event:

- **Interventions (Staff + EMS) - Describe patient's response to all interventions:**

(changing in body positions, compressions, AED, ECG, medication administration, O2 therapy, IV insertion, etc.)

- Time of loss of consciousness: _____
- No respirations or irregular breathing, ***CPR initiated***
- Loss of pulse or inadequate circulation, ***CPR initiated***
- Time CPR initiated: _____
- Time AED applied: _____
- Time(s) shocks delivered: (1)_____ (2) _____ (3) _____ (4) _____

- Emergency contact called _____ Name & Signature of Staff: _____