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 of 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: _____**

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