EMS PACING CONFIRMATION

Emergency Medicine – Division of EMS

Date & Time: _____

EMS Agency:_____

Incident#/ MRN# or HAR# _____

Patient Name: _____

Incident #

Paramedic – last name

1. Was mechanical capture present on EMS arrival in the ED? Yes No
(Circle one)

2. Did the patient suffer cardiac arrest immediately after EMS transfer to ED care? Yes No
(Circle one)

Physician Name/Signature: _____

Upload .pdf or .png file as attachment to ePCR