

Medical Emergency Response Team Notes

Time Start: _____ Time End: _____

Time 911 called: _____ EMS Arrival: _____

Name: _____

Reason for response: _____

Level of Consciousness: Conscious Unconscious In/Out Consciousness

Breathing Difficulties: Yes / No Skin color: _____

Seizure Activity: Yes / No (See seizure observation sheet)

Head Injury: Yes / No (See Head injury report)

Actions: _____

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____

Team Members Present: _____

Other: _____
