

Dispatcher Assisted CPR Program – QI

Call ID Number: _____

Date of Incident (MO/DAY/YR): _____

Recording Available:

Yes No

Call Time (to the second): __ : __ : __ Cannot be determined

Communicator Number: _____

Transferring PSAP:

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> City | <input type="checkbox"/> City |
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Responding Agency(s) Select all that apply:

- | | |
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| <input type="checkbox"/> City | <input type="checkbox"/> City |
| <input type="checkbox"/> City | <input type="checkbox"/> City |

Unit Number(s): _____ **Unknown** (Note: If multiple units, separate with commas)

How was the patient's age determined?

- | | |
|---|---|
| <input type="checkbox"/> From PSAP | <input type="checkbox"/> Volunteered by caller |
| <input type="checkbox"/> Communicator asked exact age | <input type="checkbox"/> Communicator asked general age |
| <input type="checkbox"/> Not determined | |

If stated, patient age: _____

If exact age not state, was patient:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Child over 8 |
| <input type="checkbox"/> Child 1-8 | <input type="checkbox"/> Child less than 1 |
| <input type="checkbox"/> Neonate | <input type="checkbox"/> Unknown |

Were any special circumstances stated by the PSAP or the caller: Yes No

If yes, what: _____

Patient Gender: Male Female Unknown

Time caller told to move phone to patient: _____ Cannot be determined

Which script was used?

- Adults, Page 2
- Adults with ventilations, Page 3
- Children over 8 years, Page 4
- Children 1-8 years, Page 5
- Infants 0-12 months, Page 6
- Neonate(newborn; associated field delivery) Page 7
- Pregnant woman(3rd trimester) Page 8
- Tracheostomy/Laryngectomy patients(stoma), Page 9
- Patients not in cardiac arrest, Page 10
- Multiple, explain _____
- Unknown, explain _____

Was it the correct script? Yes No Unknown

If no, why? _____

Were Telephone CPR Instructions offered by the communicator?

Yes No Unknown (No recording)

If not offered, why? Check all that apply.

- Caller hysterical
- Caller knew CPR/CPR in progress
- Caller left phone
- Caller not at scene
- Caller unable to move patient
- Communicator too busy, explain _____
- EMS arrived too fast
- Language barrier
- Obvious death
- Patient reported as conscious and/or breathing
- Second party relay
- Should have been offered
- Other _____
- Unknown

Not applicable

If yes, were instructions accepted?

- Yes
- Delayed Yes
- No/refused
- Unknown
- NA: Not offered

If instructions refused, reason for refusal: Check all that apply

- Aid arrived too fast
- Animal/pet disruption
- Apathy/lack of interest or concern
- Believes aid will be there quickly
- Believes patient is alive(agonal, movement)
- Believes patient is dead/cold/unknown down time
- Caller knew CPR/CPR in progress
- Caller left phone
- Caller not at scene
- Caller unable to move patient
- Calling to report death only
- Can't hear or hear well
- Confused
- Dangerous environment
- Denial of medical emergency
- Disabled/wheelchair bound
- Distasteful characteristic
- Distracted
- DNR/living will (didn't know who else to call)
- None
- Emotional distress
- Fear of contracting communicable disease
- Fear of hurting patient
- Health of patient(terminally ill, obese, etc.)
- Ill themselves/recent surgery
- Lack of strength/size difference
- Lack of training/skill
- Language barrier
- No access to patient
- Obvious death
- Others interfering/disrupting attempts
- Others who need care (child, elderly)
- Patient has internal defibrillator
- Patient is stranger/unknown to caller
- Scared, Afraid
- Second party relay
- Unable to access patient
- Vision problems or blind
- Other:
- Not applicable

If yes, was communicator-assisted CPR begun? Yes No Unknown Not applicable

If no, reason not begun: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Aid arrived | <input type="checkbox"/> Caller left phone to check patient, at communicator request |
| <input type="checkbox"/> Caller changed mind, now refusing | <input type="checkbox"/> Caller left phone to confine animal |
| <input type="checkbox"/> Caller distracted | <input type="checkbox"/> Caller left phone to unlock door, turn on light, etc. |
| <input type="checkbox"/> Caller hard of hearing | <input type="checkbox"/> Caller unable to move patient: confined workspace, weak rescuer; patient at risk of injury if moved. |
| <input type="checkbox"/> Caller having difficulty performing instructions (pinch nose, flat on floor, etc.) | <input type="checkbox"/> Overweight patient/caller |
| <input type="checkbox"/> Caller having difficulty understanding instructions | <input type="checkbox"/> Communicator delay due to unnecessary questions |
| <input type="checkbox"/> Caller hysterical (intermittent) | <input type="checkbox"/> Communicator delay in starting instructions; unknown why |
| <input type="checkbox"/> Caller is afraid of hurting the patient | <input type="checkbox"/> Communicator delay, single communicator center/staffing |
| <input type="checkbox"/> Caller knew CPR/CPR in progress | <input type="checkbox"/> Communicator issue |
| <input type="checkbox"/> Caller left phone of unknown reason, open line | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Unknown |

Arrest location:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Attic | <input type="checkbox"/> Yard |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Car | <input type="checkbox"/> Public location indoor |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Public location outdoor |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Unable to determine |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Other living area |
| <input type="checkbox"/> Other: | |

Patient moveable: Yes No Unable to determine

Other: _____

Position of patient

- | | |
|--|--|
| <input type="checkbox"/> Lying in bed | <input type="checkbox"/> Wedged against/between object |
| <input type="checkbox"/> Lying on floor, abdomen | <input type="checkbox"/> Lying on floor, back |
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Unable to determine |
| <input type="checkbox"/> Other: | |

Delivery method of CPR instructions (more than one answer may apply):

- Due to logistics, gave caller all CPR instructions at once and sent them to perform until help arrived; hung up with caller
- Multiple rescuers, switched out
- Given to caller who is also rescuer
- N/A no instructions given/accepted
- Given to caller who relayed to rescuer, open line, maintained contact with 911
- Stopped CPR prior to unit on scene to unlock door, confine pet, etc.

Time to first chest compression (in seconds): __ : __ : __ Cannot be determined

Were ventilation instructions offered? Yes No Unknown

Did the caller provide ventilations? Yes No Unknown Not applicable

If no, why?

- Refused to perform
- EMS arrived too fast
- Physically could not perform
- Couldn't follow the directions
- Other:
- Unknown

If the caller refused to provide ventilations, did they continue to provide compressions?

Yes No Unknown Not applicable

Time to first ventilation(in seconds): ____:____:____ Cannot be determined

First EMS unit arrival time: ____:____:____ Cannot be determined

Relationship of caller to patient (note-caller is initial person to contact 911)

- Child
- Friend/neighbor
- Parent
- Work colleague
- Sibling
- Stranger
- Spouse/significant other
- Other:
- Other relative
- Unknown
- Healthcare provider/professional caregiver

Gender of caller: Male Female Unknown

Approximate age of caller: Child Adult Unknown

If child: Child<12 Adolescent(12-17) Unknown

If adult: Young adult(18-35) Adult(36-65) Senior(>65) Unknown

Were there other people besides the patient and caller at the scene? Yes No Unknown

Was it suggested to get help from others to:

Move the patient: Yes No Give compressions: Yes No

Was the arrest witnessed? Yes No Unknown

Rescuer had prior CPR training (anyone at the scene)

- Not trained
- Other:
- Trained, likely lay person
- Trained, likely professional (e.g. nurse, EMT, doctor)
- Unknown

Did the patient turn out NOT to be in cardiac arrest? Yes No

If the patient was not in cardiac arrest, was it discovered after they received a compression?

Yes No

If the patient was not in cardiac arrest and received a compression, did they sustain an injury that required medical treatment? Yes No Unknown

Did the caller say there was an AED on scene? Yes No

If yes, was it used? Yes No Unknown

If yes, were instructions needed? Yes No Unknown

Was the caller put on hold? Yes No

If yes, for how many seconds? _____

If yes, did the caller hang up? Yes No

Transporting agency:

- | | |
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Transporting agency unit number: _____

EMS Med rec# _____

Patient transported to hospital: Yes No Unknown

If yes, which hospital: _____

Patient admitted to hospital: Yes No Unknown

Patient survived to hospital discharge: Yes No Unknown

Comments to communicator: _____ None

Resolution: _____ None needed