

Dispatcher Assisted CPR Program – EMSCom

Complete the form for all transferred calls

1. Call ID Number _____

2. Date of Incident: ___/___/___

(MO) (Day) YR)

3. Time call received at EMSCom: ___:___:___ (to the second)

4. Communicator Number: _____ Unknown

5. PSAP

City

6. Responding Agency(s) Select All that apply

City

7. Unit Number(s): _____ Unknown (note – if multiple units, separate with commas)

8. If stated, patient age _____ Years Months

9. If exact age not stated, was patient: Adult Child over 8 Child 1-8 Child less than 1
 Neonate Unknown

10. Which script was used?

Adults; Page 2

Neonate (newborn; associated field delivery);
Page 7

Adults with ventilations; Page 3

Pregnant woman (3rd trimester); Page 8

Children over 8 years; Page 4

Tracheostomy/Laryngectomy patients (stoma);
Page 9

Children 1-8 years; Page 5

Multiple, explain: _____

Infants 0-12 months; Page 6

Unknown

11. Problems encountered during call? (Select all that apply)

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

12. Did the caller perform compression?

- Yes No Unknown

13. Did the caller perform rescue breathing?

- Yes No Unknown

Comments/Suggestions: