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
   □ City
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6. Responding Agency(s) Select All that apply

   □ City
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   □ 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)

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

☐ Other: _________________________________

12. Did the caller perform compression?

☐ Yes  ☐ No  ☐ Unknown

13. Did the caller perform rescue breathing?

☐ Yes  ☐ No  ☐ Unknown

Comments/Suggestions: