Call ID Number:_____

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

Recording Available
□ Yes □ No

Call Time: __ __:__ __:__ __ (to the sec) ☐Cannot be determined

Communicator Number:_____

Transfering PSAP
□ Cudahy
□ Franklin
□ Greendale
□ Greenfield
□ Hales Corners
□ Milwaukee and West Milwaukee
□ North Shore
□ Oak Creek
□ South Milwaukee
□ St. Francis
□ Wauwatosa
□ West Allis
□ Unknown
□ No transfer; Greenfield assisted

Responding Agency(s) Select all that apply
□ Cudahy
□ Franklin
□ Greendale
□ Greenfield
□ Hales Corners
□ Milwaukee
□ North Shore
□ Oak Creek
□ South Milwaukee
□ St. Francis
□ Wauwatosa
□ West Allis
□ Unknoown

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

How was the patient's age determined?
□ From PSAP □ Voluntered by caller □ Communicator asked exact age
□ Communicator asked general age □ Not determined

If stated, patient age: _____

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

Were any special circumstances stated by the PSAP or the caller: ☐Yes ☐No ☐Unknown
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)
- Emotional distress
- Fear of contracting communicable disease
- Fear of hurting patient
- Health of patient (terminally ill, obese, etc.)
- Ill themselves/recent surgery
- Lack of stregnth/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:_____
- None
- Not Applicable

If yes, was communicator-assisted CPR begun?

- Yes
- No
- Unknown
- Not Applicable

If no, reason not begun: (Check all that apply)

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

Arrest Location

- ☐ Attic
- ☐ Bedroom
- ☐ Bathroom
- ☐ Car
- ☐ Garage
- ☐ Basement
- ☐ Kitchen
- ☐ Other living area
- ☐ Yard
- ☐ Public location indoor
- ☐ Public location outdoor
- ☐ Unable to determine
- ☐ Other:_____

Patient Moveable

- ☐ Yes
- ☐ No
- ☐ Unable to determine
- ☐ Other:_____

Position of patient

- ☐ Lying in bed
- ☐ Lying on floor, abdomen
- ☐ Lying on floor, back
- ☐ Sitting
- ☐ Wedged against/between object
- ☐ Unable to determine
- ☐ 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
- ☐ Given to caller who is also rescuer
- ☐ Given to caller who relayed to rescuer, open line, maintained contact with 911
- ☐ Multiple rescuers, switched out
- ☐ N/A no instructions given/accepted
- ☐ Stopped CPR prior to unit on scene to unlock door, confine pet, etc.

Time to First Chest Compression (in seconds): __ __:__ __:__ __ (to the sec) ☐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
- ☐ Physically could not perform
- ☐ Couldn't follow the directions
- ☐ EMS arrived too fast
- ☐ Other:_____
- ☐ Unknown
- ☐ Not Applicable

If the caller refused to provide ventilations, did they continue to provide compressions? ☐Yes ☐No ☐Unknown ☐Not Applicable

Time to First Ventilation (in seconds): __ __:__ __:__ __ (to the sec) ☐Cannot be determined

First EMS unit arrival time: __ __:__ __:__ __ (to the sec) ☐Cannot be determined

Relationship of Caller to Patient (note – caller is initial person to contact 911)

- ☐ Child
- ☐ Parent
- ☐ Sibling
- ☐ Spouse/significant other
- ☐ Other relative _____
- ☐ Healthcare Provider/Professional Caregiver
- ☐ Friend/neighbor
- ☐ Work colleague
- ☐ Stranger
- ☐ Other:_____
- ☐ Unknown

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
□ Trained; likely lay person
□ Trained, likely professional (e.g., nurse, EMT, doctor)
□ Other:_____
□ Unknown

Did the patient turn out <u>NOT</u> 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 AED instructions needed? ☐Yes ☐No

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

□ Cudahy
□ Franklin
□ Greendale
□ Greenfield
□ Hales Corners
□ Milwaukee
□ North Shore
□ Oak Creek
□ South Milwaukee
□ St. Francis
□ Wauwatosa
□ West Allis

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