

Dispatcher Assisted CPR Program – EMSCom

Complete this form for all transferred calls.

1. Call ID Number (auto populate)

2. Date of Incident: __/__/__
(MO) (DAY) (YR)

3. Time call received at EMSCom: __:__:__ (to the sec)

4. Communicator Number: _____ Unknown

5. PSAP

- | | |
|---|--|
| <input type="checkbox"/> Cudahy | <input type="checkbox"/> North Shore |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Oak Creek |
| <input type="checkbox"/> Greendale | <input type="checkbox"/> South Milwaukee |
| <input type="checkbox"/> Greenfield | <input type="checkbox"/> St. Francis |
| <input type="checkbox"/> Hales Corners | <input type="checkbox"/> Wauwatosa |
| <input type="checkbox"/> Milwaukee and West Milwaukee | <input type="checkbox"/> West Allis |
| | <input type="checkbox"/> Unknown |

6. Responding Agency(s) Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Cudahy | <input type="checkbox"/> North Shore |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Oak Creek |
| <input type="checkbox"/> Greendale | <input type="checkbox"/> South Milwaukee |
| <input type="checkbox"/> Greenfield | <input type="checkbox"/> St. Francis |
| <input type="checkbox"/> Hales Corners | <input type="checkbox"/> Wauwatosa |
| <input type="checkbox"/> Milwaukee | <input type="checkbox"/> West Allis |
| | <input type="checkbox"/> Unknown |

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?

- | | |
|---|---|
| <input type="checkbox"/> Adults; Page 2 | <input type="checkbox"/> Neonate (newborn; associated field delivery); Page 7 |
| <input type="checkbox"/> Adults with ventilations; Page 3 | <input type="checkbox"/> Pregnant woman (3 rd trimester); Page 8 |
| <input type="checkbox"/> Children over 8 years; Page 4 | <input type="checkbox"/> Tracheostomy/Laryngectomy patients (stoma); Page 9 |
| <input type="checkbox"/> Children 1-8 years; Page 5 | <input type="checkbox"/> Multiple, explain: _____ |
| <input type="checkbox"/> Infants 0-12 months; Page 6 | <input type="checkbox"/> 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 compressions?

- Yes No Unknown

13. Did the caller perform rescue breathing?

- Yes No Unknown

Comments/Suggestions: