Call ID Number: ___________________

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

Recording Available
☐ Yes ☐ No

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

Communicator Number: __________

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

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

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 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:___________________________
- None
- Not Applicable

### If yes, was communicator-assisted CPR begun?
- Yes
- Unknown
- No
- 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
tained; likely lay person
tained, likely professional (e.g., nurse, EMT, doctor)
☐ Other: ____________________________
☐ 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 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