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

6. Responding Agency(s) Select all that apply
☐ Cudahy ☐ North Shore
☐ Franklin ☐ Oak Creek
☐ Greendale ☐ South Milwaukee
☐ Greenfield ☐ St. Francis
☐ Hales Corners ☐ Wauwatosa
☐ Milwaukee and West Milwaukee ☐ West Allis
☐ 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?
☐ 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
☐ Caller unable to move patient ☐ Obvious death
☐ Calling to report death only ☐ Others interfering/disrupting attempts
☐ Can’t hear or hear well ☐ Others who need care (child, elderly)
☐ Confused ☐ Patient has internal defibrillator
☐ Dangerous environment ☐ Patient is stranger/unknown to caller
☐ Denial of medical emergency ☐ Scared, afraid
☐ Disabled/wheelchair bound ☐ Second party relay
☐ Distasteful characteristic ☐ Communicator too busy to offer instructions
☐ Distracted ☐ Vision problems or blind
☐ DNR/living will (didn’t know who else to call) ☐ Other:__________________
☐ Unknown

12. Did the caller perform compressions?
☐ Yes ☐ No ☐ Unknown

13. Did the caller perform rescue breathing?
☐ Yes ☐ No ☐ Unknown

Comments/Suggestions: