

Dispatcher Assisted CPR Program- QI

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	
North Shore	

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 ag	Not determined	

If stated, patient age: _____

If exact age not stated was patient Adult

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 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:_____

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:_____

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)
 Senior (>65)
 Adult (36-65)
 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 Other: _____
Trained; likely lay person Unknown
Trained, likely professional (e.g. nurse, EMT, doctor)

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 Now
Cudahy North Shore
Franklin

Resolution: _____

Noneneeded