Dispatcher Assisted CPR Program – QI

Call ID Number:

Date of Incident (MO/DAY/YR):

Recording Available:

Call Time (to the second):

Communicator Number:

Transferring PSAP:

Responding Agency(s) Select all that apply:

Unit Number(s): _____   Unknown

Which script was used?

If yes, was communicator-assisted CPR begun?

If no, reason not begun: Check all that apply

Arrest location:

Delivery method of CPR instructions (more than one answer may apply):

Time to first chest compression (in seconds):
Were ventilation instructions offered?

Did the caller provide ventilations?
If no, why?

Did the patient turn out <u>NOT</u> to be in cardiac arrest?

If the patient was not in cardiac arrest, was it discovered after they received a compression?

If the patient was not in cardiac arrest and received a compression, did they sustain an injury that required medical treatment?

Did the caller say there was an AED on scene?
      If yes, was it used?
      If yes, were instructions needed?

Was the caller put on hold?
      If yes, for how many seconds?
      If yes, did the caller hang up?

Transporting agency:

Transporting agency unit number:
EMS Med rec# _____

Patient transported to hospital:
      If yes, which hospital:

Patient admitted to hospital:
Patient survived to hospital discharge:
Comments to communicator:

Resolution: