

Dispatcher Assisted CPR Program EMSCom
Complete the form for all transferred calls

1. Call ID Number _____

2. Date of Incident: ___/___/___

(MO) (Day) YR)

3. Time call received at EMSCom: ___:___:___ (to the second)

4. Communicator Number: _____ Unknown

5. PSAP

- City
- City
- City
- City
- City
- City
- City
- City
- City

6. Responding Agency(s) Select All that apply

- City
- City
- City
- City
- City
- City
- City
- City
- City

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
- 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
- Multiple, explain: _____
- Unknown

