### Infant’s Information

<table>
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<th>Last</th>
<th>First</th>
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<th>Case Number</th>
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#### 1 Information about the EMS responder:

- **Last name**: 
- **First name**: 
- **Agency**: 
- **Date/Time Dispatched**: / / Year Military Time

#### 2 Who called 911?

- **Name**: 
- **Relationship**: (ex. aunt)

#### 3 What date and time did you arrive?

- **Month Day Year Military Time**

#### 4 Was anyone doing CPR when EMS arrived?  
- [ ] No  
- [ ] Yes  

#### 5 Where was the infant when you arrived at the scene? (ex. crib, arms of caregiver)

#### 6 Describe infant’s appearance when found.

- **a) Discoloration around face/nose/mouth**
- **b) Secretions (foam, froth)**
- **c) Skin discoloration (livor mortis)**
- **d) Pressure marks (pale, blanching)**
- **e) Rash or petechiae (small, red blood spots on skin, membranes or eyes)**
- **f) Marks on body (scratch on nose)**
- **g) Other**
- **h) Unknown**

#### 7 How did the infant feel when found?

- [ ] Sweaty  
- [ ] Warm to touch  
- [ ] Cool to touch  
- [ ] Rigid, stiff  
- [ ] Limp, flexible

- [ ] Unknown  
- [ ] Other → Specify

#### 8 Did you administer resuscitative efforts?

- [ ] Yes → Check all that were done  
- [ ] No → Skip to No. 13 on next page.

- [ ] CPR  
- [ ] IV/IO Access  
- [ ] Gastric Tube  
- [ ] Infant immobilized  
- [ ] Medications  
- [ ] Intubation  
- [ ] Electric shock

- [ ] Other → Specify:

#### 9 List all emergency medications given to the infant:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Military Time</th>
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10 Describe the nature and duration of resuscitation efforts and treatments.

________________________________________________________________________

11 Describe any injuries sustained by infant during resuscitative efforts (if any):

________________________________________________________________________

12 At what date and approximate time were the resuscitative efforts terminated? □ Not terminated by EMS

___ / ___ / ______  ___ : ___

Month  Day  Year  Military Time

13 What was the name of the authorizing medical control physician who pronounced death?

First name ___________________________  Last name ___________________________

14 What was the final disposition of the infant?

☐ Left at the scene  ☐ Released to funeral home  ☐ Morgue  ☐ ME/C facility

☐ Transported to the hospital  Specify: ___________________________

☐ Other  Specify: ___________________________

Hospital name and name of person who received the infant

15 Describe the reaction of the caregiver(s) to the infant’s death:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

16 Additional comments from the EMS personnel: (Describe concerns with scene or what happened)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Investigator’s Notes

Indicate the task(s) performed.

☐ EMS Run Report/Sheet

☐ 911 Tape