

Infant's Information

Last _____ First _____ M. _____ Case Number _____

1 Information about the EMS responder:

Last name _____

First name _____

Agency _____

Date/Time Dispatched: _____ / _____ / _____ : _____
Month Day 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 Who? _____

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

6 Describe infant's appearance when found.

	No	Yes	Describe and specify location:
a) Discoloration around face/nose/mouth	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
b) Secretions (foam, froth).....	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
c) Skin discoloration (livor mortis)	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
d) Pressure marks (pale, blanching)	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
e) Rash or petechiae (small, red blood spots on skin, membranes or eyes).....	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
f) Marks on body (scratch on nose).....	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
g) Other	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
h) Unknown	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____

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:

Name of Medication	Dose	Route	Military Time
1. _____	_____	_____	_____ : _____
2. _____	_____	_____	_____ : _____
3. _____	_____	_____	_____ : _____
4. _____	_____	_____	_____ : _____
5. _____	_____	_____	_____ : _____
6. _____	_____	_____	_____ : _____

Continued on the next page ►►

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: _____
Hospital name and name of person who received the infant
 Other ⇨ Specify: _____

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

Section completed on ____ / ____ / ____ at ____ : ____ by _____

How conducted: In person Telephone Other _____