Infant's Information

1. Information about the person who was the first non-professional responder to the infant:
   Last name ____________________________________________
   First name ____________________________________________
   Middle ________________________________________________
   Phone _________________________________________________
   Sex:  □ Male  □ Female  Age:  ___ / ___ / _______  D.O.B.  /  /  ___________
   Relationship to infant: ________________________________

2. What led you to respond?

3. When the infant was found, was s/he:  □ breathing  □ not breathing  □ unresponsive
   If not breathing, did you witness the infant stop breathing?  □ No  □ Yes

4. 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 ........................................................................................... □  □  ➔

5. How did the infant feel when found?
   □ Sweaty  □ Warm to touch  □ Cool to touch  □ Rigid, stiff  □ Limp, flexible
   □ Unknown  □ Other ➔ Specify ________________________________________

6. What date and time were the first resuscitative efforts given?
   _________________________________________________________________

7. Where were resuscitative efforts conducted?

8. Describe what you did as part of the resuscitative efforts (ex. pushed on chest and breathed into mouth and nose):
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

9. Have you ever received any First Aid and/or CPR training?  □ No  □ Yes ➔ When:  ___ / ___ / _______
   Describe: _______________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Section completed on ___ / ___ / _______ at __:___ at by ____________________________
How conducted:  □ In person  □ Telephone  □ Other _______________________________________

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