

Please fax form to 360-715-6492 or mail to WCEMSTCC
P.O. Box 5125 Bellingham, WA 98227

Whatcom County Emergency Medical Services and Trauma Care Council

Cardiovascular and/or Respiratory Compromise Report

This report does not replace the MIR. It is for data collection and quality assurance purposes only.

Instructions: Complete all applicable sections and forward to the Whatcom County EMS/TC Council office. Information will be compiled and the original form forwarded to the Whatcom County MPD.

PATIENTS AGE: Sex: M F	INCIDENT DATE:	FD INCIDENT NUMBER: BFD INCIDENT NUMBER: (If known)	DISTRICT/AGENCY: STATION NUMBER:
PATIENTS CONDITION: check all that apply <input type="checkbox"/> Cardiopulmonary arrest <input type="checkbox"/> Respiratory arrest only <input type="checkbox"/> Anaphylaxis		DISTANCE FROM NEAREST RESPONDING UNIT TO INCIDENT?	NAME OF PROVIDER COMPLETING REPORT: PHONE # FOR ADDITIONAL INFORMATION:
AED		INTUBATION	EPI
AED USE: check all that apply <input type="checkbox"/> Lay public <input type="checkbox"/> BLS Responders <input type="checkbox"/> ALS Responders		INTUBATION ATTEMPTS: _____ Number of attempts SUCCESSFUL: <input type="checkbox"/> Yes <input type="checkbox"/> No	EPI AUTO INJECTOR USE: <input type="checkbox"/> Adult <input type="checkbox"/> Child
PATIENT DOWN TIME: <input type="checkbox"/> Bystander CPR Started <input type="checkbox"/> Witnessed Collapse		TYPE OF DEVICE USED: <input type="checkbox"/> King Tube Size: _____ <input type="checkbox"/> Combi-tube Size: _____ <input type="checkbox"/> Easy-tube Size: _____	NUMBER OF INJECTIONS ADMINISTERED:
		TUBE USED FOR VENTILATION: <input type="checkbox"/> Tube #1 (esophageal) <input type="checkbox"/> Tube #2 (tracheal)	TIME OF ANAPHYLACTIC EXPOSURE:
		SUCTION REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PATIENT OUTCOME [check all known]			
<input type="checkbox"/> Expired at scene <input type="checkbox"/> Admitted with a pulse <input type="checkbox"/> Expired After Admission <input type="checkbox"/> Discharged alive			
<input type="checkbox"/> Transported by Paramedics <input type="checkbox"/> Expired in ER <input type="checkbox"/> Expected to be discharged alive <input type="checkbox"/> Unknown at this time			

Narrative: (Only fill out this section if you need to document any problems, special circumstances, or other information relevant to collection of this data for educational, statistical, and quality assurance purposes.)
