Infant's Information

Last _____ First _____ M. _____ Case Number _____

1 **Information about the person who was the first non-professional responder to the infant:**

Last name _____ Middle _____

First name _____ Phone _____

Sex: ☐ Male ☐ Female Age ____/____ (Yrs. / Mos.) D.O.B. ____/____/____ (Month / Day / Year) 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.**

	No	Yes	Describe and specify location:
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?** ____/____/____ (Month / Day / Year) ____:____ (Military Time)

7 **Where were resuscitative efforts conducted?**

_____

_____

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

_____

_____

_____

_____

_____

9 **Have you ever received any First Aid and/or CPR training?** ☐ No ☐ Yes ⇨ When: ____/____/____ (Month / Day / Year)

Describe: _____

_____

_____

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

How conducted: ☐ In person ☐ Telephone ☐ Other _____