

**Pan-Asian Resuscitation Outcomes Study (PAROS)  
Dispatcher CPR Form**

*Dispatch: Preliminary*

Dispatch agency \_\_\_\_\_

Date of call                      /   /     (dd/mm/yyyy)

Time of call                      :   :   (hh:mm:ss)

PAROS case number  
(Official/PAROS HQ use only)                   

Incident No/CAD \_\_\_\_\_

Was this a cardiac arrest before arrival of EMS?                    <sub>1</sub> Yes                    <sub>2</sub> No                    <sub>3</sub> Unknown

CPR already in progress?                    <sub>1</sub> Yes                    <sub>2</sub> No                    <sub>3</sub> Unknown

Did Dispatch recognize need for CPR?                    <sub>1</sub> Yes                    <sub>2</sub> No                    <sub>3</sub> Unknown

CPR instructions started?                    <sub>1</sub> Yes                    <sub>2</sub> No                    <sub>3</sub> Unknown

Chest Compressions performed?                    <sub>1</sub> Yes                    <sub>2</sub> No                    <sub>3</sub> Unknown

Barriers to CPR                    <sub>1</sub> Hang up phone                    <sub>2</sub> Caller left phone                    <sub>3</sub> Caller refused

<sub>4</sub> Caller not with patient                    <sub>5</sub> Language barrier                    <sub>6</sub> Overly distraught

<sub>7</sub> Couldn't move patient                    <sub>8</sub> Patient's status changed                    <sub>9</sub> Difficult patient access

<sub>10</sub> Other (please specify)                    <sub>11</sub> Not applicable

\_\_\_\_\_

**Dispatch: Patient**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> <sub>1</sub> Adult   | <b>Conscious?</b><br><input type="checkbox"/> <sub>1</sub> Yes | <b>Breathing Normally?</b><br><input type="checkbox"/> <sub>1</sub> Yes |
| <input type="checkbox"/> <sub>2</sub> Child   | <input type="checkbox"/> <sub>2</sub> No                       | <input type="checkbox"/> <sub>2</sub> No                                |
| <input type="checkbox"/> <sub>3</sub> Infant  | <input type="checkbox"/> <sub>3</sub> Unknown                  | <input type="checkbox"/> <sub>3</sub> Unknown                           |
| <input type="checkbox"/> <sub>4</sub> Unknown |  |   |

**Dispatch: Time Measures**

|  |   |   |   |
|--|---|---|---|
| <b>Transfer Call?</b>  | <input type="checkbox"/> <sub>1</sub> Yes           | <input type="checkbox"/> <sub>2</sub> No      | <input type="checkbox"/> <sub>3</sub> Unknown |
| <b>If yes, time elapsed before dispatcher first addressed caller</b> | <input type="text"/> : <input type="text"/> (mm:ss) | <input type="checkbox"/> <sub>3</sub> Unknown |   |
| <b>Dispatcher recognizes need for CPR</b>                            | <input type="text"/> : <input type="text"/> (mm:ss) | <input type="checkbox"/> <sub>3</sub> Unknown |   |
| <b>Dispatcher began instructions</b>                                 | <input type="text"/> : <input type="text"/> (mm:ss) | <input type="checkbox"/> <sub>3</sub> Unknown |   |
| <b>Time to first compression</b>                                     | <input type="text"/> : <input type="text"/> (mm:ss) | <input type="checkbox"/> <sub>3</sub> Unknown |   |

**Dispatch: Comments**

**Coaching or compliments for dispatcher**

**Other comments**