

D. FIRST RESPONDER INTERVIEW

Infant's last name

First name

1 Were resuscitative efforts (e.g. CPR) initiated by someone other than EMS, Police, or Fire (e.g. father, mother, caregiver)?

No → STOP

Yes

2 What is the name of person who gave the first resuscitative efforts?

First name Last name

3 What is his/her relationship to deceased infant? e.g., Jane Smith, sister

4 On what day and at what approximate time were the first resuscitative efforts given?

/ / at :

Month Day Year Military time

Unknown

5 Describe what was done as part of the resuscitative efforts:

e.g., pushed on chest and breathed into mouth and nose

6 What did the infant look like when the first resuscitative efforts were initiated? (check all that apply)

No Yes Specify

- a) Coloring around the face, nose, and mouth No Yes →
- b) Secretions coming from nose or mouth No Yes →
- c) Skin discoloration (such as livor mortis, specify) No Yes →
- d) Pale areas around nose or mouth No Yes →
- e) Petechiae (small reddish blood spots on skin, membranes or eyes) No Yes →
- e) Other No Yes → e.g., scratch on nose
- f) Unknown No Yes Unknown

7 What did the infant feel like when the first resuscitative efforts were initiated? (check all that apply)

Sweaty

Warm to touch

Cool to touch

Rigid, stiff

Limp, flexible

Other → Specify

Unknown

Section completed on / / at : by

Where/How