KITSAP COUNTY EMS

Post Incident - Child / Injury Supplemental Report

Incident Report Number _____
Infant / Child Information:

Last _____ First _____ M. _____

Sex: ☐ Male ☐ Female Date of Birth _____/_____/_____ Age_____
Month Day Year

Incident Address:

Address_____City _____ State_____ Zip _____

Infant/ Child Primary Residence Address: ☐ Yes ☐ No

Patient History

Information received from: ☐ Mom ☐ Dad ☐ Other Name_____

1. Tell me what happened**:**

2. Did you notice anything unusual or different about the infant/child in the last 24 hrs? ☐ No ☐Yes, Describe:

3. Did the infant/child experience any falls or injuries within the last 72 hours? ☐ No ☐ Yes, Describe:

4. When was the infant/child last placed? _____/_____/_____ ____:____ _____
Month Day Year Military Time Location

Face position when last placed? ☐ Face Down ☐ Face Up ☐ Face Right ☐ Face Left ☐ Unknown

Neck position when last placed? ☐ Hyperextended ☐ Flexed ☐ Neutral ☐ Turned ☐ Unknown

5. When was the infant/child last known alive? _____/_____/_____ ____:____ _____
Month Day Year Military Time Location

6. When was the infant/child found? _____/_____/_____ ____:____ _____
Month Day Year Military Time Location

Face position when found? ☐ Face Down ☐ Face Up ☐ Face Right ☐ Face Left ☐ Unknown

Neck position when found? ☐ Hyperextended ☐ Flexed ☐ Neutral ☐ Turned ☐ Unknown

7. Where was the infant (P) Placed, (L) Last known alive, (F) Found (circle P, L, or F in front of appropriate response)?

P	**L**	**F**	Bassinet	**P**	**L**	**F**	Bedside co-sleeper	**P**	**L**	**F**	Car Seat
P	**L**	**F**	Cradle	**P**	**L**	**F**	Crib	**P**	**L**	**F**	Floor
P	**L**	**F**	Mattress/box spring	**P**	**L**	**F**	Mattress on floor	**P**	**L**	**F**	Playpen
P	**L**	**F**	Sofa/couch	**P**	**L**	**F**	Stroller/carriage	**P**	**L**	**F**	swing
P	**L**	**F**	Chair	**P**	**L**	**F**	In a person arms	**P**	**L**	**F**	Portable crib
P	**L**	**F**	Waterbed	**P**	**L**	**F**	Other or unknown				

8. What was the infant/child wearing? (Ex. t-shirt, diaper) _____

9. Was the infant tightly wrapped or swaddled? (EX. clothing, blankets, bedding) ☐ No ☐ Yes Describe:

10. What was the temperature of the infant/child room? ☐ Hot ☐ Cold ☐ Normal ☐ Other or Unknown_____

11. Were any items near the infant/child face, nose, or mouth? ☐ Bumper pads ☐ Infant pillows ☐ Positional supports ☐ Stuffed animal's ☐ Toys ☐ Other or Unknown _____

12. Was anyone sleeping with the infant/child? ☐ No ☐ Yes ⇨Name these people if possible. _____

13. Describe infant/child appearance when found by the caregiver.

Infant Appearance	Unknown	No	Yes	⇨	Describe and specify location
Discoloration around the face/nose/mouth					
Secretions (foam, froth)					
Skin discoloration (livor mortis)					
Pressure marks (blanching)					
Rash or petechia					
Marks on body (scratches or bruises)					

14. What did the infant/child feel like when found by the caregiver? (Check all that apply)

	Sweaty		Warm to touch		Cool to touch
	Limp, flexible		Rigid, stiff		Unknown
	Other				

15. Did anyone else other than EMS try to resuscitate or provide first aid to the infant/child? ☐ No ☐ Yes, Who?

16. Please describe what was done as part of resuscitation prior to EMS arrival:

Incident Scene

Describe infant/child appearance when found by EMS.

Infant Appearance	Unknown	No	Yes	⇨	Describe and specify location
Discoloration around the face/nose/mouth					
Secretions (foam, froth)					
Skin discoloration (livor mortis)					
Pressure marks (blanching)					
Rash or petechia					
Marks on body (scratches or bruises)					

What did the infant/child feel like when found by EMS? (Check all that apply)

	Sweaty		Warm to touch		Cool to touch
	Limp, flexible		Rigid, stiff		Unknown
	Other				

How many children were under the care of the provider at the time of the incident or death? _____

KITSAP COUNTY EMS

Describe the general appearance of the incident scene (ex. cleanliness, hazards, overcrowding, drugs etc)

Are there any factors, circumstances, or environmental concerns about the incident scene or people present?

Did EMS move or cleanup any items at the scene (ex blankets, stuffed animals, toys.)?

Was there any conflicting information from the scene care giver to what EMS observed?

Was this reported to Child Protective Services (CPS) or Law Enforcement? ☐ Yes ☐ NO If yes when and to whom.

Supplemental Narrative

Fire Department Filing the Report

Department Name_____

Department Member Filing the Report _____

Date and Time _____

Was a report filed with CPS or Law Enforcement: ☐ Yes ☐ No If so when and to whom _____

_____

Members on Scene

Signature_____Date_____