



CFR REPORT

Incident Information

Date of Call DD MM YYYY Time Call Passed HH MM Time at scene HH MM

CC INCIDENT NUMBER

I	N	C	I	D	E	N	T				
L	O	C	A	T	I	O	N				

Home Ind.Place/Premises Recr.Or Sport Place Residential
 Farm Street Or Road Public Building Other Places

Patient Information

Name Unknown
 Date of Birth DD MM YYYY Gender M F Age

S U R N A M E

F I R S T N A M E

A D D R E S S

History Of Coronary Disease

Yes No Unknown

Chest Pain

Yes No Unknown

Time Of Chest Pain HH MM Time Of Collapse HH MM

Collapse Witnessed

Yes No

Witnessed by Citizen Fire Auxiliary/Voluntary Other

Responder Garda Practitioner

Clinical Level No Training OFA Paramedic Doctor

Unknown Training EFR Adv. Paramedic Other

BLS/CFR EMT Nurse

Chest Compressions

Yes No PIN if Applicable

Commenced by Citizen Fire Auxiliary/Voluntary Other

Responder Garda Practitioner

Clinical Level No Training OFA Paramedic Doctor

Unknown Training EFR Adv. Paramedic Other

BLS/CFR EMT Nurse

Time Started HH MM Duration HH MM

Mechanical CPR

Yes No

Initial Arrest Rhythm

Shockable Unshockable

Specify: (If Known)

Time First Arrest Rhythm Analysis HH MM

Manual Defibrillator

Yes No

Defibrillator Pads

Yes No PIN if Applicable

First Applied by

Citizen Fire Auxiliary/Voluntary Other

Responder Garda Practitioner

Clinical Level

No Training OFA Paramedic Doctor

Unknown Training EFR Adv. Paramedic Other

BLS/CFR EMT Nurse

Shock

Was shock advised Yes No PIN if applicable

Was shock delivered Yes No Defibrillator Malfunction

First delivered by

Citizen Fire Auxiliary/Voluntary Other

Responder Garda Practitioner

Clinical Level

No Training OFA Paramedic Doctor

Unknown Training EFR Adv. Paramedic Other

BLS/CFR EMT Nurse

Total Shocks Delivered Time First Shock Delivered

Return Of Spontaneous Circulation (ROSC) at any stage

Yes No

Who First Achieved ROSC

Citizen Fire Auxiliary/Voluntary Other

Responder Garda Practitioner

Clinical Level

No Training OFA Paramedic Doctor

Unknown Training EFR Adv. Paramedic Other

BLS/CFR EMT Nurse

Time of Return Of Spontaneous Circulation HH MM

CPR in Progress on Transfer to Hospital

Yes No

Spontaneous Circulation On Arrival in ED if known

Yes No

ADDITIONAL INFORMATION

Doctor In Attendance

Yes No

Medication Treatment

HH	MM	MEDICATION		
		DOSE	ROUTE	PIN/NAME

HH	MM	MEDICATION		
		DOSE	ROUTE	PIN/NAME

HH	MM	MEDICATION		
		DOSE	ROUTE	PIN/NAME

HH	MM	MEDICATION		
		DOSE	ROUTE	PIN/NAME

HH	MM	MEDICATION		
		DOSE	ROUTE	PIN/NAME

HH	MM	MEDICATION		
		DOSE	ROUTE	PIN/NAME

Care Management

Oropharangeal Airway (OPA) Supraglottic Airway (SGA) Suction

FAST ASSESSMENT

F Yes No A Yes No S Yes No T Yes No

ADDITIONAL INFORMATION

CFR Report Handover

Yes No

The completed CFR Report should be given to the ambulance service.

Signature/PIN

Responder Area