

**2015 REPORT OF DROWNING OR
NON-FATAL DROWNING IN ARIZONA**

Incident # _____

Pt. Name _____

Pt. DOB _____

DATE OF INCIDENT _____ **HOUR** _____ **AGE** _____ **SEX** _____
(MM / DD / YR) (24:00) (yrs)

_____ **FIRE DEPT.**
(Reporting agency)

CITY or LOCALITY OF INCIDENT:

RACE/ETHN:

- Hispanic White Amer. Indian
 Black Asian/PI Unknown
 Other: _____

WATER TYPE:

- Pool--in ground Spa
 Pool--above ground Bathtub
 Canal or Irrigation Ditch Bucket
 Lake Other: _____

AT WHOSE HOME DID INCIDENT OCCUR:

- Victim's Home Neighbor's
 Relative's Friend's
 Not at a home _____

TYPE OF DWELLING OR FACILITY:

- Single Home Apt/Condo
 Hotel/Motel Other: _____

ATTIRE OF VICTIM:

- Swimwear Other Clothes
 None

PATIENT'S ACTIVITY AND LOCATION IMMEDIATELY PRIOR TO INCIDENT:

- Swimming Playing inside
 Bathing Playing outside
 Other: _____

CHILD SUPERVISION AT TIME OF INCIDENT:

- Mother Father N/A
 Other (Specify) _____

STATUS OF VICTIM WHEN FOUND IN WATER:

- Submerged Floating
 Struggling Unknown
 Other: _____

RESPIRATORY EFFORT WHEN PULLED FROM WATER:

- Present Absent

ESTIMATED DURATION OF ANOXIA: _____

BYSTANDER ACTIONS PRIOR TO FD ARRIVAL:

- Chest compressions **AND** breaths (full CPR)
 Chest compressions ONLY
 Rescue breaths ONLY
 None attempted Unknown
 Other: _____

VICTIM HAD FORMAL SWIM INSTRUCTION:

- Yes No Unknown

DISPOSITION (if known):

- D.O.A. at scene
 Transported to: _____
 Died in E.D. Admitted
 Treated as outpatient and released
 P.O.V. transport to: _____
 Evaluated and left on-scene

DESCRIBE THE APPARENT CIRCUMSTANCES (how/why it happened; how child was found & revived):

For pool incidents at dwellings AND patient is < 6 y/o:

BARRIER

IS IT PRESENT?

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Fence between house and pool | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gates Self-Close with Latch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gates Work Properly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| House Doors Self-Close with Latch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Doors Work Properly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pool Cover, Type: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Door or Window Alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

LIKELY METHOD OF ACCESS TO POOL OR SPA:

- Supervisor allowed child into pool or deck area
 No barrier -- child wandered in
 Climbed (specify): _____
 Child entered unsecured or propped gate
 Other: _____

FOLLOW-UP & DATE PATIENT WAS LAST SEEN:

- Died _____ / _____ / _____
 No Impairment _____ / _____ / _____
 Impairment _____ / _____ / _____