



AED PATIENT REPORT

INCIDENT INFORMATION

DATE	INCIDENT#	AGENCY	RESPONDING UNIT				
INCIDENT LOCATION							
Collapse Time	911 Call Time	CPR Initiated Time	AED Unit at Scene Time	AED Attached Time	1 st Defibrillation Time	Medic Unit at Scene Time	Patient Transport Time
Place of collapse <input type="radio"/> at home <input type="radio"/> In Public Place <input type="radio"/> At Work <input type="radio"/> Other	Collapse Witnessed <input type="radio"/> By Bystander <input type="radio"/> By BLS <input type="radio"/> Collapse Not Seen or Heard		Suspected Origin <input type="radio"/> Trauma <input type="radio"/> Medical		CPR Prior to Arrival <input type="radio"/> No <input type="radio"/> Yes – if yes by whom		CPR Effective <input type="radio"/> No <input type="radio"/> Yes

DEFIBRILLATION INFORMATION

Operator Name	AED Brand and Model	Initial Cardiac Rhythm
AED Assessment #1: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #2: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #3: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #4: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #5: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #6: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #7: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #8: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #9: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	
AED Assessment #10: <input type="radio"/> No Shock Advised <input type="radio"/> _____ Shock(s) Delivered Time:	Result	

Comments:

Completed By (Print Name)	Completed By (Signature)
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PREHOSPITAL OUTCOME INFORMATION	POSTHOSPITAL OUTCOME INFORMATION
Prehospital Outcome <input type="radio"/> No Change <input type="radio"/> Regained After AED Use <input type="radio"/> Regained After ALS Care Hospital Destination:	Disposition <input type="radio"/> Pronounced at Scene <input type="radio"/> Expired in ED <input type="radio"/> Admitted to ICU <input type="radio"/> Discharged Home

This report must be returned to the EMS Agency along with Patient Care Report and printout from the AED device by the 15th day of the month following the date of the call.