

Operational Services

Exhibit - Automatic External Defibrillator Incident Report

To be completed by the person who used the AED

Patient name: _____ Age: _____

Patient identification: Student Parent Other: _____

Date of incident: _____ Description of incident: _____

Name of person who determined victim's unresponsiveness: _____

Name of person applying AED: _____

Number of times patient was defibrillated: _____

Time 9-1-1 was called: _____

Patient vitals prior to arrival of EMS: Breathing Yes No
Pulse Yes No
Heart rhythm: _____

Time EMS arrived: _____

Patient vitals after arrival of EMS: Breathing Yes No
Pulse Yes No
Heart rhythm: _____

Patient transported to: _____

List series of events from start of emergency until conclusion:

Forward completed incident report to the Superintendent. Upon receipt, the Superintendent or designee shall send or fax this incident report to the EMS System Resource Hospital.

Signature of person who administered AED

Date

Address

Telephone

DATED: October 10, 2007