

Automatic External Defibrillator (AED) Incident Report

To be completed by the person who used the AED during the emergency.

Patient Name: _____ Age: _____

Date of Incident: _____ Location of Incident: _____

Patient Identification: Student Staff Parent Other: _____

Describe Incident:

Name of First Responder: _____

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

Time EMS Arrived: _____

Patient Vitals after Arrival of EMS:	Breathing	Yes	No
	Pulse	Yes	No

Patient Transported to: _____

Was the outcome successful or unsuccessful?

Was bystander CPR performed prior to the arrival of the AED? Yes No Not Sure

Was there any adverse effect to the patient? Yes No If "Yes," please describe:

Was there any adverse effect to the user? Yes No If "Yes," please describe:

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

Person who Administered AED

Date