AUTOMATED EXTERNAL DEFIBRILLATOR (AED) DEPLOYMENT EVENT SUMMARY

Any time an Automated External Defibrillator (AED) unit is deployed complete this summary and forward it to Risk and Safety Services.

Location of event: _____________________ Date: ___________ Time:__________

Describe event:________________________________________________________
________________________________________________________________________
( use back of page if necessary)

Victim’s name: ________________________________________________

Was event witnessed? ___________

Witness’ name & contact information: ____________________________________
________________________________________________________________________

Witness statement: ________________________________________________
________________________________________________________________________
________________________________________________________________________

Was 9-1-1 called? ______ If yes, who called (name)? ________________________

Was pulse taken at initial assessment? ______

CPR given before the AED arrived? __________ If yes, list names of rescuer(s):
________________________________________________________________________

Were shocks given? _______ Total number of shocks? _____________

Did victim...
    Regain a pulse? _______
    Resume breathing? _______
    Regain consciousness? _______

Name of trained AED rescuer(s): __________________________________________

Was the procedure for transferring patient care to the local EMS agency executed?
YES__ NO__ If no, please explain: __________________________________________
________________________________________________________________________

Name and contact information of person completing form: _____________________
________________________________________________________________________