

## **AED POST-INCIDENT REPORT**

Responder's Na	ame:							
AED Location:				Da	te of Use:			
AED Model:				AE	D Serial #:			
Time of Use:			<u></u> РМ	Time	EMS/UPD	notified:		AM PM
How were you notified of the emergency?			Time Notified:				АМ РМ	
Describe the incident:								
Dall's al Na						<b>6</b> l		
Patient Nai	me:					Gender:	Male	Female
Date of Birth/A	Age:				Witness N	lame(s):		
Patient Condition Upon Arrival			AED Responder Action(s) Taken					
Patient	Condi	tion Upon Arriva			AED F	Responde	r Action(s) 1	aken
Patient  Breathing	Condi	tion Upon Arrival		☐ C	<b>AED F</b>	Responde		<b>Taken</b> Ched AED
	Condi		thing		PR	-		ched AED
Breathing	Condi	Not Brea	thing	A	PR	Total Nur	Attac	ched AED
☐ Breathing ☐ Conscious ☐ Pulse		Not Brea	thing ous	A	PR ED Shock -	Total Nur	Attac	ched AED
☐ Breathing ☐ Conscious ☐ Pulse		Not Brea Unconsci	thing ous val	Time	PR ED Shock -	Total Nur ock: EMS In	Attac	ched AED
Breathing Conscious Pulse Patient Co		Not Brea Unconsci	thing ous val thing	Time	PR ED Shock - of Initial Sh	Total Nurock:  EMS Intending:	Attac	ched AED cks:  MAM PM
Breathing Conscious Pulse  Patient Co		Not Brea Unconsci No Pulse  n Upon EMS Arri Not Brea	thing ous val thing	Time	PR ED Shock - of Initial Sh	Total Nurock:  EMS Intending:	Attacember of Shoot	ched AED cks:  MAM PM
Breathing Conscious Pulse Patient Co Breathing Conscious		Not Brea Unconsci No Pulse  On Upon EMS Arri Not Brea Unconsci	thing ous val thing	Time	PR ED Shock - of Initial Sh	Total Nurock:  EMS Intending:	Attacember of Shoot	ched AED cks:  MAM PM
Breathing Conscious Pulse  Patient Co Breathing Conscious Pulse	onditio	Not Brea Unconsci No Pulse  On Upon EMS Arri Not Brea Unconsci	thing ous  val thing ous	Time  EMS/ Facili	PR ED Shock - of Initial Sh  'Unit Respo	Total Nurock:  EMS Intending: atient Wa	Attacember of Shoot	ched AED cks:
Breathing Conscious Pulse  Patient Co Breathing Conscious Pulse  AED Respond	onditio	Not Brea Unconsci No Pulse  Not Brea Not Brea Unconsci Not Brea Unconsci No Pulse  exposed to blo	thing ous  val thing ous	Time  EMS/ Facili	PR ED Shock - of Initial Sh  'Unit Respo	Total Nur ock: EMS Intending: atient Wateria	Attacember of Shoots formation as Transferr	ched AED cks:

If AED Responders were exposed to blood or other infectious materials, immediately notify the Worker Compensation Coordinator @ 664-2664 or EH&S office @ 664-3583.

Following the incident, all written documentation concerning the incident must be sent to the EH&S Office for a post-incident review with the AED Campus Consortium.