

AED USE and EFFECTIVENESS REPORT

Please copy as needed

For each time the device was taken to the scene of a suspected cardiac arrest, complete the following information.
(Please copy this page as needed.)

Was the arrest or other event witnessed? Yes No Don't Know

Was CPR used at the scene?

- No, it turned out to be something other than a cardiac event
- No, CPR was not used due to other reasons (describe) _____

Approximate time before CPR was started. _____ Minutes or _____ N/A

Who started CPR?

- Health care Professional (EMT, First Responder, Paramedic, Nurse, PA or MD)
- Emergency Personnel (non-medical Fire department personnel or police personnel)
- Layperson
- N/A CPR not used

Approximate distance from the site of the AED storage location to the site of the emergency? _____ Miles

Was the AED used at the scene?

- No, it turned out to be something other than a cardiac event
- No, the AED was not in serviceable condition
- No, trained AED personnel were not available
- No, AED was not used due to other reasons (please describe)

Yes the AED was used (If yes, please answer the questions below)

Approximately how long was the victim unresponsive prior to use of the AED (in minutes) _____

Who Used the AED/CPR?

- Health Care Professional (EMT, First Responder, Paramedic, Nurse, PA or MD)
- Emergency Personnel (non-medical Fire department personnel or police personnel)
- Layperson

How many times was AED attempted _____

Did the victim (check if yes)

- Regain pulse
- Resume Breathing
- Regain Consciousness
- Regained a Cardiac Rhythm of any Type
- Regained a Normal Sinus Rhythm
- Did Not Respond

Is there anything else about this incident that you think it would be helpful for us to know in order to better meet the community needs for AED support in the future?

Date

Signature

Job Title