



Westchester Regional EMS Council
Public Access Defibrillation (PAD) AED Report Form
 (NOT FOR SCHOOL USE)

IN THE EVENT OF AED USE COMPLETE THE FOLLOWING - Please type or print legibly

Organization Name _____

Location of Incident _____

Date of Incident		Time of Incident		Patient Age		Patient Sex	
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Incident Timeline

PLEASE COMPLETE TIMES, EVEN IF ESTIMATED

Time from Arrest to CPR		Shock Indicated		Time from Arrest to 1 st AED Shock	
Time from Arrest to ALS		Total # of shocks			

Any additional equipment used on location (i.e. BVM, supplemental Oxygen, etc) ? If so, what:

Patient Outcome On Scene

Remained Unresponsive
 Became Responsive
 Spontaneous Return of Pulse
 Spontaneous Return of Pulse **AND** Respirations

Transport

Ambulance Agency _____

Hospital Transported to _____

Patient Outcome At Hospital

Dead on Arrival in the Emergency Dept
 Died in the Emergency Dept.
 Died within 24 hours of Admission
 Died More Than 24 hours After Admission

Discharged Alive
 Other _____

Any adverse events regarding the incident (i.e. equipment failures, burns to skin under pads, etc.)

Please send this completed form to:
 WESTCHESTER REGIONAL EMS COUNCIL / PAD PROGRAM
 4 Dana Road, Valhalla, NY 10595
FAX: (914) 813-4161