

Early Defibrillation Incident Report

Incident Details

Incident ID: _____ Incident Date: _____

Incident Time: _____ Witnessed (yes or no): _____

Shocks Delivered: _____

Device Serial Number: _____ Device Location: _____

Device Type: _____

General location of Incident: _____

Was an Ambulance called?: _____

Time Ambulance was called: _____

Time Ambulance arrived: _____

Patient Detail

Gender: _____ Age: _____

Additional Information

Defibrillator Operator: _____

Other Responders: _____

Comments: _____

Incident Narrative:

Please include a brief description of the incident. Please answer the questions below to help the Medical Director better understand the procedures during the incident.

Please describe the attachment of the device to the patient.

Did you have any difficulty with the pads adhering to the patient's chest? If so, please describe what happened and how you dealt with it.

Please describe the overall process of using the AED and performing CPR.

Did you have any difficulty with performing CPR? If so, please describe what happened and how you dealt with it.

Were there any unusual circumstances that you had to deal with during the event? If so, please describe what happened and how you dealt with it.

Please describe how the event ended, including how the device was turned off.

Report Completed by: _____ **Date:** _____

NOTE: Use back of this sheet for additional comments.

Routing:

- Program/Site Coordinator
- Medical Director