

Patient's last name		Patient's first name		Patient's address	
Phone number		City		State Zip	
Gender:		Incident Date & Time:		AED operator:	
Student ID #:				Position Patient was found (e.g. lying, sitting):	
Location:				Skin Color (blue, pale, other):	
Estimated time from patient's collapse until CPR begun:				Shockable Rhythm? Yes/No	
Description of the Incident				Initial heart rhythm _____	
				Final heart rhythm _____	
				Total # of shocks delivered _____	
Was cardiac arrest witnessed?		By whom:		Time:	
Yes No Unknown					
Was CPR started?		By whom:		Time:	
Yes No					
Did the patient ever regain a pulse?		Time:	Did the patient begin breathing?		Time:
Did patient ever regain consciousness?		Time:	Hospital patient taken to:		Time:
Other treatment:			Transporting agency:		

Emesis (vomit)? Yes / No Signs of trauma? Yes / No If yes explain

Incident Outcome and other comments:

Report completed by: _____ Date: _____

Prescribing physician review/recommendations:

Coordinator reviewed:		Date:	Reviewed with responders:		Date:
Physician reviewed:		Date:	Comments:		