University of Alaska
Automated External Defibrillator (AED)
Post-Incident Report Form for Cardiac Arrests
Attachment 1

This form is to be completed immediately after a cardiac arrest occurs at your facility or the AED is used on a patient. The main caregiver at the scene and the AED Area Coordinator, should complete this form and forward it to Environmental Health and Safety with 24 hours of a cardiac event.

1. Facility or building name: __________________________________________________________

2. Incident location: _________________________________________________________________

3. Date of incident: ____________________________ (Month/Date/Year)

4. Estimated time of incident: ________________ (Hour: Minute, a.m. or p.m.)

4a. Estimated time that the 911 call was placed: ________________ (Hour: Minute, a.m. or p.m.)

5. Name of patient: __________________________________________________________________

6. Patient gender: Male [ ] Female [ ]

7. Estimated age of patient: ____________ years

8. Did the patient collapse (become unresponsive)? Yes [ ] No [ ]

8a. If yes, what were the events immediately prior to the collapse (check all that apply):

[ ] Difficulty Breathing [ ] Chest Pain [ ] Electrical Shock

[ ] No Signs or Symptoms [ ] Drowning [ ] Injury [ ] Unknown

8b. Was someone present to see the person collapse? Yes [ ] No [ ]

If yes, was that person a trained AED employee? Yes [ ] No [ ]

8c. After the collapse, at the time of Patient Assessment and just prior to the AED pads being applied, was the person breathing? Yes [ ] No [ ]

 did the person have a pulse? Yes [ ] No [ ]

9. Was CPR given prior to 911 EMS arrival? Yes [ ] No [ ] Go to #10

9a. Estimated time CPR started: ________________ (Hour: Minute, a.m. or p.m.)

9b. Was CPR started before the arrival of a trained AED employee? Yes [ ] No [ ]

9c. Who started CPR? Bystander [ ] Trained AED employee [ ]

10. Was an AED brought to the victim prior to 911 EMS arrival? Yes [ ] No [ ]

10a. If No, briefly describe why and skip to question 17: ________________________________

10b. If yes, estimated time AED was at patient's side: ____________(Hour: Minute, a.m. or p.m.)

11. Were the AED pads put on the patient? Yes [ ] No [ ]

11a. If Yes, was the person who put the AED pads on the patient a:
2. Did the AED shock the patient? Yes [ ] No [ ]

12a. Estimated time (based on a watch) of first shock by AED: ________ (Hour: Minute, a.m. or p.m.)

12b. How many shocks were delivered prior to the EMS ambulance arrival? (number)

14. Name of person operating the AED: ____________________________

14a. Is this person a trained AED employee? Yes [ ] No [ ]

15. Was there any mechanical difficulty or failure with the use of the AED? Yes [ ] No [ ]

15a. If yes, briefly explain. (Federal law requires completion of an FDA reporting form)

16. Were there any unexpected events or injuries that occurred during the use of the AED? Yes [ ] No [ ]

16a. If yes, briefly explain: ____________________________

17. Indicate the patient's status when the 911 EMS arrived at: ________ (Hour: Minute, a.m. or p.m.)

17a. Was a pulse restored? Yes [ ] No [ ] Don't Know [ ]

If yes, time pulse restored: ________ (Hour: Minute, a.m. or p.m.)

17b. Was breathing restored? Yes [ ] No [ ] Don't Know [ ]

If yes, time breathing restored: ________ (Hour: Minute, a.m. or p.m.)

17c. Was responsiveness restored? Yes [ ] No [ ] Don't Know [ ]

If yes, time patient responsive: ________ (Hour: Minute, a.m. or p.m.)

18. Was the patient transported to the hospital? Yes [ ] No [ ]

18a. If Yes, how was the patient transported? ____________________________

[ ] EMS Ambulance [ ] Private Vehicle [ ] Other ____________________________

19. Were police notified? Yes [ ] No [ ]

20. Were police at the scene? Yes [ ] No [ ]

20a. Police report number if known: ____________________________

If the caregiver was exposed to blood or other infectious materials immediately notify the UA Environmental Health & Safety Department or the Campus of Public Safety Office if after hours. Immediate medical review is recommended.

Report completed by (please print name and date)

Name: ____________________________ Date: ____________________________

Signature: ____________________________

Title: ____________________________ Office Phone: ____________________________

Deliver within 24 hours after the incident to:
Environmental Health & Safety Risk Management
Address
fax