



**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:

Trained AED employee  Untrained AED employee  Bystander

12. 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