



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? Yes No Unknown	By whom:		Time:
Was CPR started? Yes No	By whom:		Time:
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:	