

Person filling out report: _____

Gilmer ISD AED Use Form

Facility Name: _____

Incident Location (room, gym, etc) _____

Date: _____ Time: _____

Estimated time 911 called: _____

Patient Name: _____ Age: _____ M / F

Did the patient collapse (become unresponsive, stop breathing)? yes no

If NO, what symptoms made you apply the AED?

chest pain difficulty breathing injury drowning

If YES, what were the events immediately prior to the collapse?

chest pain difficulty breathing injury drowning

electrical shock unknown

Did someone witness the collapse? yes no

Did patient have a pulse? yes no

Was CPR given prior to EMS arrival? yes no Who started CPR? _____

Was an AED brought to the patient's side prior to EMS arrival? yes no

Were the AED pads applied? yes no

Estimated time AED pads applied: _____

Was the AED turned on? yes no

Did the AED ever deliver a shock? yes no

Who operated the AED? _____ Job Title: _____

Was there any mechanical difficulty or failure associated with the AED? yes no

Was the patient transported to the hospital? yes no

Briefly describe patient's condition at time of EMS arrival:

Signature of person completing report: _____

Person filling out report: _____

Signature of person completing report: _____