Public Access Defibrillation Utilization Form

Use this form to report any event, incident or situation that resulted in use or possible use of an AED.

PAD provider name and organization: Southern Illinois University Carbondale

Unit: ____________________________

Location of victim: ____________________________

Date of incident: _________ Time of incident: _____________

Name of and contact information for victim, if known: ____________________________

Name of and contact information for person(s) who found the victim: ____________________________

Name of and contact information for person(s) who determined victim was unresponsive: ____________________________

Name of and contact information for person(s) who operated the AED: ____________________________

Did the victim have a pulse? Yes No How was the pulse checked? ____________________________

Was the victim breathing? Yes No How was breathing checked? ____________________________

Was EMS (911) called? Yes No If yes, what time did that happen? ____________________________

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

Was the AED applied to the victim? Yes No

If yes, describe what actions the AED advised and how many times the patient was defibrillated:

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No How was the pulse checked? ____________________________

Was the victim breathing? Yes No How was breathing checked? ____________________________

Name of person completing this form: ____________________________

Date completed: ____________________________

Contact information: ____________________________

Signature: ____________________________ Date signed: ____________________________

Return this form to: AED Program Medical Director - Student Health Services MC6740.