



## 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.**