

Western Carolina University

AED Post-Incident Report Form

INSTRUCTIONS: This form is to be completed immediately after a cardiac arrest occurs (whether or not the AED was applied) **OR** any time the AED pads are put on a person (regardless of the person's medical condition). This includes the use of a WCU owned AED for any reason by either a volunteer, employee, or bystander. This report does not need to be filled out for non-cardiac related false alarms when the AED is retrieved but the pads are not applied. The AED Area Coordinator should complete this form and forward it to the Safety and Risk Management Office within 24 hours of the cardiac event.

1. Building: _____ 2. Location _____

3. Date: _____ 4. Time of Incident: _____ 5. Time 911 was called: _____

6. Name of patient: _____

7. Patient Gender: _____ 8. Estimated age of patient: _____

9. Did the patient collapse (become unresponsive) Yes: No:
 If yes, what were the events immediately prior to the collapse (check all that apply):
 Difficulty Breathing Chest Pain Electric Shock
 Drowning Injury No Signs or Symptoms Unknown
 a. Was someone present to see the person collapse? Yes: No:
 If yes, was that person a trained AED employee? Yes: No:
 b. After the collapse, at the time of patient assessment and just prior to the AED pads being applied, was the person breathing? Yes: No:
 c. Did the person have a pulse? Yes: No:

10. Was CPR given prior to 911 EMS arrival? Yes: No: If no, go to question 11.
 a. Estimated time CPR started:
 b. Who started CPR? (circle one): Trained Employee | Untrained Employee | Bystander

11. Was an AED utilized on the patient prior to EMS arrival? Yes: No:
 a. If no, briefly describe why and skip to #17:

12. Name of person operating AED
 Name of Person: _____ Contact Information: _____
 (Circle One): Trained Employee | Untrained Employee | Bystander

13. Did the AED shock the patient? Yes: No:
 a. How many shocks were delivered prior to the EMS ambulance arrival?

14. Was there any mechanical difficulty or failure with the use of the AED? Yes: No:

15. Were there any unexpected events or injuries that occurred during the use of the Facility AED?
 Yes: No: If yes, explain:

16. Patient status before medical arrival:
 a. Was a pulse restored Yes: No: Do not know
 b. Was breathing restored Yes: No: Do not know
 c. Was responsiveness restored Yes: No: Do not know

17. Was the patient transported to the hospital Yes: No:
 a. If yes, how was the patient transported? (circle one): EMS Ambulance | Private Vehicle | Other

Please return this form to the Safety and Risk Management Office. For questions or assistance contact the office at 227-7443

Report completed by:

Name (Print)

Title

Signature

Date

Office Phone Number

If the caregiver was exposed to blood or other potentially infectious materials, immediately notify the Safety and Risk Management Office and Health Services.