

Appendix F: UC Riverside AED Post Use Form

UC Riverside AED Post Use Form

Instructions: This form is to be completed as much as possible on-site by the AED responder or professional responders after an AED activation.

Upon completion of this form, immediately contact the EHSRM AED Program Coordinator to coordinate the pick-up of both the AED and this form within 24 hours.

ehsocchealth@ucr.edu

Your Name: _____

Department Affiliation: _____

Email: _____

Phone: _____

Were you the primary responder who used the AED?

Yes

No

If not, name the person who used the AED: _____

Individual's Name (optional):

Individual's Age: _____

Gender: _____

How the Individual Was Found:

Witness Cardiac Arrest

Found Unresponsive

Time of First Shock: ____: ____ AM PM

Date of Incident: _____

Time of Incident: ____: ____ AM PM

Location of Incident
(Address and Precise Location)

Was CPR Initiated? Yes No

Number of Shocks Delivered by AED: _____

Was the individual responsive following defibrillation with an AED? Yes No

On-Scene Outcome – Did the Individual:

Regain a heartbeat? Yes No

Resume breathing? Yes No

Regain consciousness? Yes No

Individual's Outcome (if known):

Discharged Alive____ DOA at ER____ Died in ER____ Died within 24 hrs.____ Died after 24 hrs.____

Other:

Responding EMS Service:

Estimated Response Time: ____: ____ AM PM

Receiving Hospital (if known):

Additional Responder Names:

Additional Comments
