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AUTOMATED EXTERNAL DEFIBRILLATOR (AED) DEPLOYMENT EVENT SUMMARY

Any time an Automated External Defibrillator (AED) unit is deployed complete this summary and forward it to **Risk and Safety Services**.

Location of event: _____ Date: _____ Time: _____

Describe event: _____

_____ (use back of page if necessary)

Victim's name: _____

Was event witnessed? _____

Witness' name & contact information: _____

Witness statement: _____

Was 9-1-1 called? _____ If yes, who called (name)? _____

Was pulse taken at initial assessment? _____

CPR given before the AED arrived? _____ If yes, list names of rescuer(s):

Were shocks given? _____ Total number of shocks? _____

Did victim...

Regain a pulse? _____

Resume breathing? _____

Regain consciousness? _____

Name of trained AED rescuer(s): _____

Was the procedure for transferring patient care to the local EMS agency executed?

YES__ NO__ If no, please explain: _____

Name and contact information of person completing form: _____
