

PAD Program Defibrillation Incident Report

Event Information

Date of Event:		Time of Event:	
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Location of Event:	
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Was 911 Called:	Yes ^{Circle} No	Name of 911 Caller:	
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AED Responders Name:		AED ID #:	
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Patient Information

Patient Name:	
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Patient Age:		Sex:	Male ^{Circle} Female
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Patient Address:	
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Program Information

Was The Incident Witnessed:	Yes ^{Circle} No	Name and Phone # of Witness:	
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Was CPR Given before the AED arrived:	Yes ^{Circle} No	Length of Time CPR was given before the AED arrived:	
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Were shocks given:	Yes ^{Circle} No	Total number of shock delivered:	
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Did Rescuers wear gloves:	Yes ^{Circle} No	Was a barrier devise used during ventilations:	Yes ^{Circle} No
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Was the transfer of patient care procedure executed:	Yes ^{Circle} No	If No explain:	
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Additional Pertinent Information:	
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Name of CPR Rescuer (s):	
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Name of person completing form: _____

Return completed form to Site Leader (Site Leader sends to Greater Wenatchee EMS Council)