

Early Defibrillation Incident Report

Incident Details

Incident I.D.: _____

Incident Date: _____

Incident Time: _____

Witnessed: Y or N Who? _____

By-Stander CPR: Y or N

CPR Initiated: _____time

AED on-scene: _____time

Shocks delivered: _____

FD Dispatched: _____time

EMS on scene: _____time

Patient Detail

Last Name: _____

First Name: _____

D.O.B. _____

Age: _____

Gender: _____

Race: _____

Known Med. Hx. _____

Meds: _____

Transported: Y or N

Pronounced Dead: Y or N

Additional Information

Defibrillator Operator: _____

Incident summary:

Report Completed by: _____

Date: _____

Routing:

AED Coordinator: _____