APPENDIX E

Early Defibrillation Incident Report

Incident Details

Incident ID:_____ Incident Date:_____

Incident Time:_____

Shocks Delivered:_____ Device ID:_____

Device Type:_____

Patient Detail

Last Name:_____ First Name:_____ MI:___

DOB:_____ Age:_____

Gender:_____ Race:_____

Patient ID:_____

Additional Information

Defibrillator Operator:_____

Comments:_____

_____

_____

_____

_____

Report Completed By:_____ Date:_____

Patient Name:_____ Incident Date:_____

Employee Number:_____ DOB:_____ Age:_____ Sex:____

How was Team alerted?_____ Time alerted:____:____

APPENDIX F

Post-Incident Critique Form

How was Team dispatched? _____ Dispatch time: ___ : ___
Who initiated 9-1-1 call? _____ Time called: ___ : ___
ERT or AED Team arrival time: ___ : ___ AED arrival time: ___ : ___
Collapse/recognition: ___ : ___ Bystander CPR started: ___ : ___
9-1-1 called: ___ : ___ EMS dispatched: ___ : ___

SCA Event Report

ERT Team arrival: ___ : ___ : ___ AED arrival: ___ : ___
Patient unresponsive: □ Yes □ No Documented time: ___ : ___
Rescue breathing started: □ Yes □ No Documented time: ___ : ___
CPR started: □ Yes □ No Documented time: ___ : ___
AED applied: □ Yes □ No Documented time: ___ : ___
First shock advised: □ Yes □ No Documented time: ___ : ___
Additional shocks: □ Yes □ No Total # of shocks delivered: _____
Return of circulation: □ Yes □ No Documented time: ___ : ___
Return of respiration: □ Yes □ No Documented time: ___ : ___
EMS scene arrival: ___ : ___ : ___ EMS arrival at patient: ___ : ___
Patient condition at EMS hand-off: _____
Care Given by EMS: □ ALS □ BLS Patient transported: ___ : ___
Transported to:_____
Patient condition at hospital: _____

Report Completed by: _____ Date: _____