

Upper Sandusky Exempted Village Schools

Automated External Defibrillator (AED) Use Report

Patient Age:	Patient Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Patient Name:		
Date of Incident (Sudden Cardiac Arrest- SCA):		
Location of Sudden Cardiac Arrest (SCA):		
Estimated Time of Sudden Cardiac Arrest (Use 24 hour Military Time):		
CPR Initiated Prior to Application of AED?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Sudden Cardiac Arrest Witnessed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, by whom:		
First Shock Delivered (Use 24 Hour Military Time):	Second Shock Delivered (Use 24 Hour Military Time):	Total Number of Shocks and Joules Delivered:
Data Downloaded to Medtronic? <input type="checkbox"/> YES <input type="checkbox"/> NO	Data Downloaded by EMS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Brief Narrative:		

Name of Person Completing this Form: _____

Date: _____