

**AED EVENT SUMMARY**

This summary should be completed with input from all rescuers whenever possible.

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Location of Event:

\_\_\_\_\_

Time arrived at patient's side with AED: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Sex: M / F                      Age: \_\_\_\_\_

Name of AED Rescuer: \_\_\_\_\_

911 Caller: \_\_\_\_\_

CPR Rescuer: \_\_\_\_\_

Bystanders: \_\_\_\_\_

Transporting Ambulance Service: \_\_\_\_\_

Patient's condition at time of transport by AMR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time patient transported: \_\_\_\_\_

Number of shocks

delivered: \_\_\_\_\_

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Summary rec: \_\_\_/\_\_\_/\_\_\_                      Complete Y / N                      AED Restocked: \_\_\_\_\_

PC Card Reviewed by Program Physician: \_\_\_/\_\_\_/\_\_\_                      Reviewed with Rescuers: \_\_\_/\_\_\_/\_\_\_

Attach problems identified or comments.

Signature of Program Physician: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_