

Appendix A

Automated External Defibrillator (AED) Use Report

Date and time of Use: _____ Location: _____

AED model used: _____

Patient Information:

Name: _____ Age: _____ Sex: _____ Race: _____

Patient Condition upon your arrival: (circle)

Conscious Breathing Pulse CPR

Unconscious Not Breathing No Pulse No CPR

What action did you take? _____

Was shock needed? Yes No Was shock delivered? Yes No

Did pulse return? Yes No Did breathing return? Yes No

Was CPR performed? Yes No By whom? _____

Did patient become conscious? Yes No

Condition on arrival of EMS? _____

Outcome (if known): _____

Names of all AED responders: _____ Date _____

Please submit report Campus Environmental Health and Safety at:

916 22nd Street, Knoxville, TN 37996-3503 or Fax to: 974-0094 or via e-mail to
msmith38@utk.edu or jwalke10@utk.edu.