

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 administered |
| Unconscious | Not breathing | No Pulse | No CPR administered |

What action did you take? _____

Was an AED shock needed? Yes No Was a shock delivered? Yes No

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

Was CPR performed? Yes No By whom? _____

Did the 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:

Mail: Environmental Health and Safety, 1425 Tee Martin Drive, 414 East Stadium Hall, Knoxville, TN 37996-3503 | Fax: to 865-974-0094 | e-mail: safety@utk.edu