

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:

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