

Operational Services

Exhibit - Automated External Defibrillator Incident Report

To be completed by the person who used the AED

Patient name: _____ Age: _____

Patient identification: Student Parent Other: _____

Date of incident: _____ Description of incident: _____

Name of person who determined victim's unresponsiveness: _____

Name of person applying AED: _____

Number of times patient was defibrillated: _____

Time 9-1-1 was called: _____

Patient vitals prior to arrival of EMS: Breathing Yes No
Pulse Yes No
Heart rhythm: _____

Time EMS arrived: _____

Patient vitals after arrival of EMS: Breathing Yes No
Pulse Yes No
Heart rhythm: _____

Patient transported to: _____

List series of events from start of emergency until conclusion:

Forward completed incident report to the Superintendent. Upon receipt, the Superintendent or designee shall follow the requirements at 77 Ill.Admin.Code §527.500.

Signature of person who administered the AED

Date

Address

Telephone