



University of Alaska
Automated External Defibrillator (AED)
Post-Incident Report Form for Cardiac Arrests
Attachment 1

This form is to be completed immediately after a cardiac arrest occurs at your facility or the AED is used on a patient. The main caregiver at the scene and the AED Area Coordinator, should complete this form and forward it to Environmental Health and Safety with 24 hours of a cardiac event.

1. Facility or building name: _____
2. Incident location: _____
3. Date of incident: _____ (Month/Date/Year)
4. Estimated time of incident: _____ (Hour: Minute, a.m. or p.m.)
- 4a. Estimated time that the 911 call was placed: _____ (Hour: Minute, a.m. or p.m.)
5. Name of patient: _____
6. Patient gender: Male Female
7. Estimated age of patient: _____ years
8. Did the patient collapse (become unresponsive)? Yes No
- 8a. If yes, what were the events immediately prior to the collapse (check all that apply):
 Difficulty Breathing Chest Pain Electrical Shock
 No Signs or Symptoms Drowning Injury Unknown
- 8b. Was someone present to see the person collapse? Yes No
If yes, was that person a trained AED employee? Yes No
- 8c. After the collapse, at the time of Patient Assessment and just prior to the AED pads being applied, was the person breathing? Yes No
did the person have a pulse? Yes No
9. Was CPR given prior to 911 EMS arrival? Yes No Go to #10
- 9a. Estimated time CPR started: _____ (Hour: Minute, a.m. or p.m.)
- 9b. Was CPR started before the arrival of a trained AED employee? Yes No
- 9c. Who started CPR? Bystander Trained AED employee
10. Was an AED brought to the victim prior to 911 EMS arrival? Yes No
- 10a. If No, briefly describe why and skip to question 17: _____

- 10b. If yes, estimated time AED was at patient's side: _____ (Hour: Minute, a.m. or p.m.)
11. Were the AED pads put on the patient? Yes No

11a. If Yes, was the person who put the AED pads on the patient a:

Trained AED employee Untrained AED employee Bystander

12. Did the AED shock the patient? Yes No

12a. Estimated time (based on a watch) of first shock by AED: _____ (Hour: Minute, a.m. or p.m.)

12b. How many shocks were delivered prior to the EMS ambulance arrival? (number)

14. Name of person operating the AED: _____

14a. Is this person a trained AED employee? Yes No

15. Was there any mechanical difficulty or failure with the use of the AED? Yes No

15a. If yes, briefly explain. (*Federal law requires completion of an FDA reporting form*)

16. Were there any unexpected events or injuries that occurred during the use of the AED? Yes No

16a. If yes, briefly explain: _____

17. Indicate the patient's status when the 911 EMS arrived at: _____ (Hour: Minute, a.m. or p.m.)

17a. Was a pulse restored? Yes No Don't Know

If yes, time pulse restored: _____ (Hour: Minute a.m. or p.m.)

17b. Was breathing restored? Yes No Don't Know

If yes, time breathing restored: _____ (Hour: Minute, a.m. or p.m.)

17c. Was responsiveness restored? Yes No Don't Know

If yes, time patient responsive: _____ (Hour: Minute, a.m. or p.m.)

18. Was the patient transported to the hospital? Yes No

18a. If Yes, how was the patient transported? _____

EMS Ambulance Private Vehicle Other _____

19. Were police notified? Yes No

20. Were police at the scene? Yes No

20a. Police report number if known: _____

If the caregiver was exposed to blood or other infectious materials immediately notify the UA Environmental Health & Safety Department or the Campus of Public Safety Office if after hours. Immediate medical review is recommended.

Report completed by (please print name and date)

Name: _____ Date: _____

Signature: _____

Title: _____ Office Phone: _____

Deliver within 24 hours after the incident to:
Environmental Health & Safety Risk Services
Butrovich Building
910 Yukon Drive, Suite 106
PO Box 755240
Fairbanks, AK 99775-5240
Fax: (907) 450-8151