

AED Utilization Form

In the event a Thomas Jefferson Regional EMS agency provider utilizes their Automated External Defibrillator (AED) either as a stand-alone or combination unit, a "TJEMS & UVa Prehospital Defibrillation Report Form" shall be completed and forwarded to the Thomas Jefferson EMS Council (if patient not transported to hospital) or left in the UVa Prehospital/TJEMS receiving bins at UVa Hospital. The importance of prompt quality management demands these forms to be completed immediately after the release of patient care or within forty-eight (48) hours of the AED use. Included with the forms shall be the "Code Summary" report (either hard copy or electronic version).

AED Utilization Form

Thomas Jefferson EMS & UVa Prehospital Program
Defibrillation Report Form

Agency: _____ Unit #: _____ Date: ___/___/___

Date of Call: ___/___/___ Defibrillation Tech: _____
Call Received: _____ Defibrillation Tech: _____
Dispatched: _____ Other: _____
Responding: _____ Other: _____
Arrival (scene): _____
Departure: _____ Miles to scene: _____
Hospital Arrival: _____ Miles to hospital: _____

Dispatched For: _____ Pt. turned over to: _____

Patient's Age: _____ Gender: Male _____ Female _____

Ethnicity: Caucasian ___ Hispanic ___ African-American ___ Asian ___ Other _____

Probable Cause of Arrest: Cardiac ___ Trauma ___ Unknown ___ Other _____

Incident Location: Home Work Nursing Care Facility
Public Place Sporting Event Recreational Area
Public Street Vehicle Non-trauma Vehicle Trauma
Other: _____

Witnessed Arrest: Yes No Estimated Down Time: _____
CPR Prior to AED Arrival: Yes No Estimated CPR Time: _____
Who Performed CPR: Citizen ___ Law Enforcement ___ Fire ___
Security ___ Health Care Staff ___ First Responders ___
Other: _____

PLEASE COMPLETE SEQUENCE OF EVENTS

Defibrillation Analysis Time: _____

		Pulse	CPR
		Yes No	Yes _____min
Seq. #1	___ Shock Advised ___ No Shock Advised		
Seq. #2	___ Shock Advised ___ No Shock Advised	Yes No	Yes _____min
Seq. #3	___ Shock Advised ___ No Shock Advised	Yes No	Yes _____min

Pulse Present: Yes No

CPR _____minutes BLS Load-n-go _____ ALS Arrival: _____

AED Utilization Form (continued)

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Defibrillation Report Form

Pulse _____ CPR _____
Seq. #4 ___ Shock Advised Yes No Yes _____ min
 ___ No Shock Advised

Seq. #5 ___ Shock Advised Yes No Yes _____ min
 ___ No Shock Advised

Seq. #6 ___ Shock Advised Yes No Yes _____ min
 ___ No Shock Advised

Pulse Present: Yes No

CPR _____ minutes BLS Load-n-go _____ ALS Arrival: _____

Patient Transported: UVa MJH Funeral Home Morgue
Other: _____

Defibrillator Model: LP 300 LP 500 Zoll 1600 Agilent
Other: _____

Did patient resume spontaneous breathing: Yes No

Was Medical Direction Advisory needed? Yes No
Reason: _____

Any problems encountered? Yes No
If yes, explain: _____

Type of Airway adjunct used: OPA/NPA BVM Combitube Other: _____

Signature of Defibrillation Tech(s): _____

Name of Medical Direction Physician: _____

Follow-up requested: Yes No

Please return to:
Prehospital Program
Box 523
UVa Medical Center
Charlottesville, Virginia 22908
OR
Place in EMS Box located in MEDCOM