

# Dell Rapids School District #49-3



## Policies and Regulations Code: GBBA-E – Personnel

### AUTOMATED EXTERNAL DEFIBRILLATOR (AED) INCIDENT REPORT

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident: \_\_\_\_:\_\_\_\_ AM/PM

Location of Incident: (playground, hallway, gym) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Sex: \_\_\_\_ Male \_\_\_\_ Female

CPR prior to defibrillation: \_\_\_\_ Attempted \_\_\_\_ Not Attempted

Cardiac Arrest: \_\_\_\_ Not Witnessed \_\_\_\_ Witnessed by bystander \_\_\_\_ Witnessed by AED person

Estimated time (in minutes) between arrest to CPR \_\_\_\_\_

Shock: \_\_\_\_ Indicated \_\_\_\_ Not Indicated

Estimated time (in minutes) from arrest to 1<sup>st</sup> AED shock: \_\_\_\_ # of shocks given: \_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Patient outcome at incident site: (check all that apply)

\_\_\_ Return of pulse and breathing                      \_\_\_ No return of pulse and breathing

\_\_\_ Return of pulse with no breathing                      \_\_\_ Became responsive

\_\_\_ Return of pulse, then loss of pulse                      \_\_\_ Remained unresponsive

Name of rescuer who used AED: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of additional rescuers present: \_\_\_\_\_

Did the rescuers encounter any difficulties? \_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_ Individual submitted report: \_\_\_\_\_  
*Please submit to the District School Nurse*

LEGAL REFS.:

Adopted: November 12, 2007

Amended: