

# AED Post-Incident Report

Responder's Name: \_\_\_\_\_

AED Location: \_\_\_\_\_ AED Director: \_\_\_\_\_

AED Model#: \_\_\_\_\_ AED Serial #: \_\_\_\_\_

Date of Use: \_\_\_\_\_ Time of Use: \_\_\_\_\_ AM PM

How were you notified of the emergency?

Describe the incident: \_\_\_\_\_ Time notified: \_\_\_\_\_ AM PM

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male Female

Patient Condition Upon Your Arrival

Breathing Not Breathing  
Conscious Unconscious  
Pulse No Pulse

AED Responder Action(s) Taken

CPR Attached AED  
AED Shock – Total number Shocks: \_\_\_\_\_  
Time of Initial Shock: \_\_\_\_\_  
AM PM

Patient Condition Upon EMS Arrival

Breathing Not Breathing  
Conscious Unconscious  
Pulse No Pulse

Patient Outcome

Survival  
Unknown  
Death

EMS/Unit Name Responding: \_\_\_\_\_

Facility to which Patient Transferred: \_\_\_\_\_

AED Responder(s) exposed to blood or other infectious materials? Mark all that apply.

NO Myself Others – If others, provide names of all exposed \_\_\_\_\_

If AED Responders were exposed to blood or other infectious materials, immediately notify the University of Memphis [Department of Environmental Health & Safety](#).

[AED Director](#): Submit one copy of this report to [the AED Coordinator](#), one copy to the [Medical Advisor](#), and keep one copy for your records.

Following the post-incident review, all written documentation concerning the incident will be sent to the Medical Advisor and maintained at Student Health Services for a period of not less than seven (7) years from the incident date.

AED Coordinator Reviewed  Date  Medical Advisor and Responders Reviewed  Date