



Public Access Defibrillation *Utilization* Form

Use this form to report any event, incident or situation that **resulted in use** or possible use of an AED.

PAD provider name and organization: **Southern Illinois University Carbondale**

Department: _____

Location of victim: _____

Date of incident: _____ Time of incident: _____

Name of and contact information for victim, if known: _____

Name of and contact information for person(s) who found the victim: _____

Name of and contact information for person(s) who determined victim was unresponsive: _____

Name of and contact information for person(s) who operated the AED: _____

Did the victim have a pulse? Yes No How was the pulse checked? _____

Was the victim breathing? Yes No How was breathing checked? _____

Was EMS (911) called? Yes No If yes, what time did that happen? _____

Briefly describe the event, incident, or situation that resulted in the AED being brought to this victim:

Was the AED applied to the victim? Yes No

If yes, describe what actions the AED advised and how many times the patient was defibrillated:

Status of patient at the time EMS personnel arrived:

Did the victim have a pulse? Yes No How was the pulse checked? _____

Was the victim breathing? Yes No How was breathing checked? _____

Name of person completing this form: _____

Date completed: _____

Contact information: _____

Signature: _____ Date signed: _____

Return this form to: AED Program Medical Director - Student Health Center MC6740.