**Pulse After Shocking: □ YES □ NO If yes, was pulse sustained? □ YES □ NO**

**Patient Transported: □YES □ NO**

**If transported, to where and by who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**0**

***In addition to the instruction below, please provide the completed form to Chuck Emnett at*** ***chuck.emnett@mso.umt.edu***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ENTITY RESPONSIBLE FOR AED**

## AED USE REPORT

To Be Filled Out Each Time an AED is Attached to a Patient

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**Patient Age: \_\_\_\_\_\_\_\_\_\_\_ Patient Sex: □ Male □ Female**

**Location of Cardiac Arrest:**

**Estimated Time of Cardiac Arrest: (use 24 hour time)**

**CPR Initiated Prior to Application of AED: □ YES □ NO**

**Cardiac Arrest Witnessed? □ YES □ NO**

**Time First Shock Delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (use 24 hour time)**

**Total Number of Shocks and Joules Delivered: / /**

 **/ /**

 **/ /**

 **/ /**

 **/ /**

 **/ /**

**0**

**SUPERVISING PHYSICIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (who attached and operated AED):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **INSTRUCTIONS:**

1. **Make one copy of this report, provide to Medical Supervisor**
2. **Send one copy to EMS & Trauma Systems, PO Box 202951, Helena MT 59620**
3. **Copy at will for other record keeping requirements.**