CALIFORNIA STATE UNIVERSITY
EAST BAY

AED POST INCIDENT REPORT

Patient's last name	Patients first name		Patient's address
Phone number ( )	City		State Zip
Sex: □ Male □ Female	Incident date:		AED operator
Incident Location: (Lobby, loading dock, etc)			Assistant
Incident address			Assistant
Estimated time from patient's collapse until CPR began:			Estimated total time of CPR until application of AED
Was cardiac arrest witnessed? Yes □ No □ Unknown □	By whom:		Time:
Was CPR Started? Yes □ No □ Unknown □	By whom:		Time:
Did the patient ever regain a pulse?	Time:	Did the patient begin breathing?	Time:
Did Patient regain consciousness?	Time:	Hospital patient taken to:	Time:
Other Treatment:		Transporting agency:	
Describe Incident:			
Comments/Concerns:			
Report completed by:			Date:
Prescribing Physicians Review/recommendations:			
Coordinator reviewed:	Date:	Reviewed with responder:	Date:

Physician reviewed:	Date:	Comments: