



Westchester Regional EMS Council
School Public Access Defibrillation (PAD) QA / QI Report Form

IN THE EVENT OF AED USE COMPLETE THE FOLLOWING - Please type or print legibly

District & School Name _____

Location of Incident (e.g. gym, classroom, building etc.) _____

Date of Incident **Time of Incident** **Patient Age** **Patient Sex** Female Male
Patient Race Asian / Pacific Islander Black (non-Hispanic) Hispanic Native American White Other

Incident Details - PLEASE COMPLETE ALL TIMES, EVEN IF ESTIMATED (Either actual time or time elapsed)

Time from Arrest to CPR Type of Person Performing AED Care (e.g. School personnel, medical personnel, layperson, etc.)
 Shock Indicated (Y/ N) Time from Arrest to Shock Time from Arrest to ALS Total # shocks

Any additional equipment used on location (e.g. Pocket mask, supplemental Oxygen, etc) ? If so, what:

Patient Outcome On Scene

Remained Unresponsive Became Responsive Spontaneous Return of Pulse Spontaneous Return of Pulse **AND** Respirations

Transport

Ambulance Agency
 Hospital Transported to

Patient Outcome At Hospital

Dead on Arrival in the Emergency Dept Died in the Emergency Dept. Died within 24 hours of Admission Died More Than 24 hours After Admission
 Discharged Alive Other

Any adverse events regarding the incident (i.e. equipment failures, burns to skin under pads, etc.)

Name and Contact Information of Person Completing this form:

Name:

Position / Title:

Phone Number:

AS SOON AS POSSIBLE, FAX THIS COMPLETED FORM TO:
 Westchester Regional EMS Council / PAD Program
FAX: (914) 813 - 4161