



Heart Safe La Plata Patient Care Report

Complete as much information as you know

AED #:				
Location:		(Street)	(City)	Date
Person providing care:		(Last)	(First)	(MI) Phone
Patient Name:		(Last)	(First)	(MI) Age
Patient Address:				Sex
Mailing Address:				
AED unit turned on (circle one)		Bystanders witnessed arrest		Initial Rhythm (if known)
Yes No		Yes No EMS present		asystole VF VT Other
AED resuscitation attempted		CPR performed		Any return of spontaneous circulation
Yes No		Yes No		Yes No
Exposure: (describe)				

To Be Completed by Heart Safe La Plata personnel					
Cardiac etiology		Field results		Reviewed by Medical Director	
Yes No		Admitted to ICU Expired in field Expired in ED		Date:	
		Outcome		After one year	
		Discharged alive Expired in hospital hrs		Alive Expired	