



## Heart Safe La Plata Patient Care Report

Complete as much information as you know

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

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