



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) Yes No	Bystanders witnessed arrest		Initial Rhythm (if known)
	Yes No	EMS present	asystole VF VT Other
AED resuscitation attempted Yes No	CPR performed Yes No	Any return of spontaneous circulation Yes No	
Exposure: (describe)			

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