



**SREMS
COUNCIL**

Susquehanna Regional EMS Council, Inc.

62 Lusk Street ▪ Johnson City, NY 13790

Ph 607.699.1367 ▪ Fax 607.397.2728

PUBLIC ACCESS DEFIBRILLATION CASE REPORT

Name of PAD Agency: _____

Date of Incident: _____ Time of Incident: _____ AM PM

Location (Address) of Incident: _____

Location within Building/Facility: _____

Victim Information: Age: _____ Sex: _____

AED Operator: Member/Employee Licensed/Certified Healthcare Provider Layperson

Name of Ambulance Service Transporting Victim: _____

Patient Response to AED Treatment:

Unknown Continued cardiac arrest Victim became responsive Victim Deceased

Spontaneous return of pulse Spontaneous return of pulse and respirations

Hospital Patient was Transported to: _____

Minutes from Collapse to CPR _____ Minutes to Shock _____ # of Shocks _____

Brief Description of Incident: _____

Report Completed By (Name)

Title

Date/Time

Fax completed report to (607) 397-2728, or mail to address above.