

## **Appendix F: UC Riverside AED Post Use Form**

## **UC Riverside AED Post Use Form**

**Instructions**: This form is to be completed as much as possible on-site by the AED responder or professional responders after an AED activation.

Upon the completion of this form, immediately contact the EH&S AED Program Coordinator to coordinate the pick-up of both the AED and this form within 24 hours.

## ehsocchealth@ucr.edu

| Your Name:                                       |                                    |      |     |    |
|--|------------------------------------|------|-----|----|
| Department Affiliation:                          |                                    |      |     |    |
| Email:   | Phone:                             |      |     |    |
| Were you the primary responder who used the AED? | Yes                                | No   |     |    |
| If not, name the person who used the AED:        |                                    |      |     |    |
| Individual's Name (optional):                    | Date of Incide                     | nt:  |     |    |
| Individual's Age:                                | Time of Incide                     | nt:: | AM  | PM |
| Gender:  | Location of Incident               |      |     |    |
| How the Individual Was Found:                    | (Address and Precise Location)     |      |     |    |
| Witness Cardiac Arrest                           |                                    |      |     |    |
| Found Unresponsive                               | Was CPR Initia                     | ted? | Yes | No |
| Time of First Shock:: AM PM                      | Number of Shocks Delivered by AED: |      |     |    |
|  |                                    |      |     |    |

| Was the individual responsive following defibrillation with an AED? |                |                | Yes N            | 0             |       |
|---|----------------|----------------|------------------|---------------|-------|
| On-Scene Outcome – Di   | d the Individu | ıal:           |                  |               |       |
| Regain a heartbeat?   | Yes            | No             |                  |               |       |
| Resume breathing?   | Yes            | No             |                  |               |       |
| Regain consciousness?   | Yes            | No             |                  |               |       |
| Individual's Outcome (if  | known):        |                |                  |               |       |
| Discharged Alive DC   | OA at ER       | Died in ER Die | ed within 24 hrs | Died after 24 | 1 hrs |
| Other:  |                |                |                  |               |       |
| Responding EMS Service  | :              |                |                  |               |       |
| Estimated Response Tim  | e::            | AM F           | PM               |               |       |
| Receiving Hospital (if kno  | own):          |                |                  |               |       |
| Additional Responder Na   | ames:          |                |                  |               |       |
| Additional Comments   |                |                |                  |               |       |
|   |                |                |                  |               |       |
|   |                |                |                  |               |       |