

PUBLIC ACCESS DEFIBRILLATION  
REPORT OF USE

Name of PAD Site \_\_\_\_\_

Location of Incident \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Patient's Age \_\_\_\_\_ Gender: Male Female

Witnessed Arrest: Yes/No Number of Shocks Delivered \_\_\_\_\_

CPR initiated prior to application of AED: Yes No

Time elapsed between arrest & CPR: \_\_\_\_\_ minutes Unknown

Time elapsed between arrest & first shock \_\_\_\_\_ minutes Unknown

CPR initiated by: Bystander Staff EMS Other \_\_\_\_\_

Name of transporting service \_\_\_\_\_

Hospital destination \_\_\_\_\_

Patient outcome on scene:

Regain of Pulse      Remained Pulseless  
Became Responsive      Remained unresponsive



Please mail this form to: (within 48 hrs of incident)

Central New York EMS  
Jefferson Tower, Suite LL1  
50 Presidential Plaza  
Syracuse, NY 13202

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