

PUBLIC ACCESS DEFIBRILLATION PROGRAM

AGENCY QUARTERLY REPORT

Agency Name/Entity Providing PAD: _____

Quarter: _____ **Year:** _____
(Circle Quarter)

Jan. - March April – June

July – Sept. Oct. – Dec.

Males <1 year old defibrillated: _____ Females <1 year old defibrillated: _____

Males 1-7 years old defibrillated: _____ Females 1-7 years old defibrillated: _____

Males 8 -17 years old defibrillated: _____ Females 8-17 years old defibrillated: _____

Males 18-64 years old defibrillated: _____ Females 18-64 years old defibrillated: _____

Males > 65 years old defibrillated: _____ Females > 65 years old defibrillated: _____

Outcomes	Males < 1	Females < 1	Males 1 – 7	Females 1 – 7	Males 8 – 17	Females 8 – 17	Males 18 - 64	Females 18 – 64	Males Over 65	Females Over 65
Remained Unresponsive										
Became Responsive										
Spontaneous Return of Pulse										
Spontaneous Return of Pulse & Respiration										
Dead on Arrival in Emergency Department										
Died in Emergency Department										
Died Within 24 Hours of Admission										
Died More Than 24 Hours After Admission										
Discharged Alive										

Name of EHC Provider (Medical Director): _____

Agency Contact Person (PAD Coordinator): _____

Daytime Phone Number: _____

FAX Number: _____

E-mail address: _____

Thank you for your continued cooperation in this matter.
Please return to: REMO Attn: PAD QI
24 Madison Ave Ext Albany NY 12203 or
FAX: 518-464-5099