PUBLIC ACCESS DEFIBRILLATION QI REPORT

Name of PAD Provider Organization: ____________________________________________________________

Date of Incident: ________________  Time of Incident: _____:_______ am / pm

Patient’s Age: _________________  Patient’s Sex:  [ ] Male  [ ] Female

CPR prior to Defibrillation:  [ ] Attempted  [ ] Not Attempted

Cardiac Arrest:  [ ] Not Witnessed  [ ] Witnessed by Bystander  [ ] Witnessed by EMS

Estimated time (in minutes) from Arrest to CPR _____:_______  Shock  [ ] Indicated  [ ] Not Indicated

Estimated time (in minutes) from Arrest to 1st Shock _____:_______  Number of Shocks: __________________________

Additional Comments: ______________________________________________________________________________________________________________________________________________________________

Patient Outcome at Incident Site:

[ ] Return of pulse and breathing  [ ] No return of pulse or breathing

[ ] Return of pulse and no breathing  [ ] Became responsive

[ ] Return of pulse, then loss of pulse  [ ] Remained unresponsive

Name of AED Operator: ________________________  Transporting Ambulance: ____________________________

Name of Facility Patient Transported to: ____________________________________________________________

Name of Emergency Health Care Provider: _________________________________________________________

_________________________  __________________________
Signature of Health Care Provider  Date of Report

This report is to be completed by the Organization’s Emergency Health Care Provider (Physician or Hospital-Designated Physician) or AED user within five (5) business days of use of an AED.

The completed report must be mailed to:

REMO
Attn: PAD QI
431 New Karner Rd.
Albany, NY 12205

Questions regarding this form should be directed to qiremo@gmail.com or (518) 464-5097 ext 2001

The information obtained from this report will be maintained at confidential Quality Assurance information pursuant to Article 30, Section 3004-A, and 3006 of the Public Health Law of the State of New York.