



24 Madison Ave Ext, Albany NY 12203  
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[www.remo-ems.com](http://www.remo-ems.com)

## 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 1<sup>st</sup> 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.**

**Mail completed reports to:**

**REMO  
Attn: PAD QI  
24 Madison Ave Ext.  
Albany, NY 12203**

**Questions regarding this form should be directed to  
Ph. (518) 464-5097 ext. 3009**

*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.*

**THE REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM COUNCIL of the HUDSON MOHAWK VALLEYS, INC.  
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