



# North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.ncemsprogramagency.org

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## Public Access Defibrillation Data Collection Form

Name of organization: \_\_\_\_\_

Date of incident: \_\_\_/\_\_\_/\_\_\_\_\_

Time of incident: \_\_\_:\_\_\_ am/pm

Patient's age: \_\_\_\_\_

Patient's sex: ( ) Male ( ) Female

CPR prior to defibrillation: ( ) Attempted ( ) Not Attempted

CPR started by: ( ) Bystander ( ) Staff ( ) Nurse ( ) EMT

Estimated time (in minutes) from collapse to AED application: \_\_\_\_\_

Number of shocks given: \_\_\_\_\_ ( ) No shock given

Transporting ambulance: \_\_\_\_\_

Hospital patient was transported to: \_\_\_\_\_

Patient outcome to the best of your knowledge:

( ) Remained unresponsive

( ) Became responsive

( ) Spontaneous return of pulse

( ) Spontaneous return of pulse and respiration

( ) Dead on arrival in Emergency Dept.

( ) Died in Emergency Dept.

( ) Died within 24 hrs. of admission

( ) Died more than 24 hrs. after admission

( ) Discharged alive

- *The completed data collection form must be mailed to the Program Agency within 1 week of the date of incident. The Program Agency's address is listed at the bottom of this form, for your reference.*