

**Automated External Defibrillation (AED) Incident Report  
Londonderry School District**

<b>Name of School Providing AED</b> _____	
<b>AED Operator Name</b> _____	
<b>Date of Incident</b> ____/____/____	<b>Time of Incident</b> ____:____ AM/PM
<b>Patient's age</b> _____	<b>Patient's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>CPR Prior to Defibrillation?</b> <input type="checkbox"/> Attempted <input type="checkbox"/> Not Attempted	
<b>Cardiac Arrest:</b> <input type="checkbox"/> Not witnessed <input type="checkbox"/> Witnessed by Bystander <input type="checkbox"/> Witnessed by AED Provider	
<b>Estimated Time From Arrest to CPR:</b> _____ minutes	
<b>Shock:</b> <input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated	
<b>Estimated Time From Arrest to First Shock:</b> _____ minutes	
<b>Number of Shocks:</b> _____	
<b>Patient Outcome at Incident Site: (check all that apply)</b>	
<input type="checkbox"/> Return of Pulse and Breathing	<input type="checkbox"/> No Return of Pulse or Breathing
<input type="checkbox"/> Return of Pulse with No Breathing	<input type="checkbox"/> Became Responsive
<input type="checkbox"/> Return of Pulse, Then Loss of Pulse	<input type="checkbox"/> Remained Unresponsive
<b>Name of Transporting Ambulance</b> _____	
<b>Name of Facility Patient Transported To</b> _____	
<b>Name of Physician Authorizing Use of AED</b> _____	
<b>Report given to:</b> <b>Date/Time reported:</b> _____	
<input type="checkbox"/> Building Principal _____	<input type="checkbox"/> Director of Pupil Services _____
<input type="checkbox"/> School Nurse _____	<input type="checkbox"/> Superintendent _____
Please initial those that were notified	
<b>Signature of AED Provider</b> _____ <b>Date</b> _____	

*Please give completed form to School Nurse after report given to Building Principal*