

Post incident form

Use this form to notify Automated External Defibrillator (AED) Deployment Registry (AEDDR) of a cardiac incident under AEDDR 1410

Lodgement details

Firm/organisation

Registration number of AED (if applicable)

1. Details of the patient

Contact name of patient

Sex (tick)

Male

Female

Date of birth of patient

[] [] / [] [] / [] []

[D D] [M M] [Y Y]

Age or estimated age of patient if date of birth not known

Telephone number of patient (during business hours)

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Email address of patient

Postal address of patient

Suburb/City

State/Territory

Postcode

2. Details of incident

Date of incident / /
[D D] [M M] [Y Y]

Time of incident am/pm

Location of incident

Address of incident

Suburb/City State/Territory Postcode

3. Incident data

Did the patient collapse (become unresponsive)? Yes or No

If witnessed, time of collapse am/pm Time

If yes, what were the signs observed immediately prior to the collapse? (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Blood loss |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Electrical shock |
| <input type="checkbox"/> Trauma or injury | <input type="checkbox"/> No signs or symptoms |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Known drug overdose | <input type="checkbox"/> Other abnormal behaviour / unconsciousness |

Was the rescuer trained in AED use and/or first aid? Yes or No

Were sign(s) of life restored? Yes or No

(eg. consciousness, normal breathing)

If yes, when were sign(s) of life restored am/pm Time

Important: If ambulance personnel were performing CPR this is an indication that signs of life (eg. consciousness, normal breathing) were not restored.

4. Treatment data

Was an ambulance called? Yes or No If yes, what time called Time am/pm

Indicate the patient's status on arrival of ambulance, if applicable

Return of sign(s) of life Unconscious
 No sign(s) of life Conscious

Record time of arrival of ambulance, if applicable Time am/pm

5. Basic life support (BLS)

Was CPR commenced prior to the arrival of the ambulance? Yes or No If yes, estimated start time when CPR was commenced? Time am/pm

Was CPR started prior to the arrival of a trained AED user? Yes or No Who started CPR?
 Bystander
 Trained AED user
 Other (Details:.....)

Was breathing restored? Yes or No If yes, estimated time when breathing was restored? Time am/pm

6. AED use

After the collapse, and just prior to the AED pads being applied, was the person breathing normally?

Yes or No

Was an AED brought to the patient prior to the arrival of the ambulance?

Yes or No If yes, estimated time AED was at patient's side am/pm

If no, briefly explain why and skip to the next section

Were the AED pads placed on the patient?

Yes or No If yes, was the person who put the AED pads on the patient a

- Bystander
- Trained AED user
- Other

Name of person who operated AED

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Was the AED used to shock the patient?

Yes or No If yes, estimated time of first shock by AED am/pm

Total number of shocks that were delivered prior to the arrival of ambulance?

Number Was there any mechanical difficulty or failure with the use of the AED?

If yes, briefly explain

Were there any unexpected events or injuries that occurred during the use of the AED?

Yes or No

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If yes, briefly explain

Manufacturer of AED

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Model of AED

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Date of manufacture of AED

		/			/		
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[D D] [M M] [Y Y]

Serial Number of AED

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7. Hospital transport

Was the patient transported to the hospital?

Yes or No

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If yes, how was the patient transported?

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What was the ambulance vehicle number?

ID Number

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8. Police contact

Were the police notified?

Yes or No

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What was the police reference number?

ID Number

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9. Outcome data

Patient status (please tick as applicable)

Survived event at scene

Survived to hospital discharge

If so, date of hospital discharge

/ /
[D D] [M M] [Y Y]

Died at scene

Died at hospital

If so, date of death

/ /
[D D] [M M] [Y Y]

Signature

I certify that the information in this form is true and correct

Name

Signature

Date

/ /
[D D] [M M] [Y Y]
