APPENDIX E

Middle Tennessee State University
Post-incident Notification Documentation

General Deployment Information

Date of deployment:

Approx. time of deployment:

Device and Responder Information

AED Model used:

AED Responder(s):

Patient Information (if known):

Name:

Age:

Race:

Gender:

Patient Condition and Description of Incident:

Condition of patient upon arrival of AED responder(s):

Suspected or known cause of cardiac emergency:

Resuscitative actions taken:

Approx. time of call to EMS:

Name of caller:

Condition of patient upon arrival of EMS:

Patient outcome (if known):