



# North Country Regional EMS Council, Inc.

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

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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 one (1) week of the date of the incident. The Program Agency's address is listed at the bottom of this form or emailed to [paperwork@fdrhpo.org](mailto:paperwork@fdrhpo.org)*

**North Country EMS Program Agency** | 120 Washington Street, Suite 230, Watertown, NY 13601

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