



AED DEFIBRILLATION MEDICAL ASSISTANCE REPORT

Safety and Security
3700 Willingdon Avenue
Burnaby, BC V5G 3H2
T 604.456.8011 • F 604.543.6035

Attendant Name(s)			
Time Call Received	Time AED Arrived at Scene	Time Arrived at Patient	
Date (dd/mm/yyyy)	AED Operator Name		
Call Location			
Patient Name	Age	DOB (d/m/y)	<input type="radio"/> Male <input type="radio"/> Female

AMBULANCE SERVICE

Arrival Time at Patient	EMS Attendant Name
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EVENT HISTORY

What happened? Treatment prior to arrival? Position found?

MEDICAL HISTORY

Allergies <input type="radio"/> Yes <input type="radio"/> No	Medications Medications <input type="radio"/> Yes <input type="radio"/> No With Patient <input type="radio"/> Yes <input type="radio"/> No	Past Medical History <input type="radio"/> Heart Attack <input type="radio"/> Angina <input type="radio"/> Asthma <input type="radio"/> Bronchitis <input type="radio"/> Diabetes <input type="radio"/> Seizures <input type="radio"/> Stroke <input type="radio"/> Emphysema <input type="radio"/> High Blood Pressure
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ON-SCENE INFORMATION

Airway/Breathing: <input type="radio"/> Yes <input type="radio"/> No Airway Opened: <input type="radio"/> Yes <input type="radio"/> No Suction Used: <input type="radio"/> Yes <input type="radio"/> No Airway Inserted: <input type="radio"/> Yes <input type="radio"/> No Oxygen Given: <input type="radio"/> Yes <input type="radio"/> No Ventilations Assisted: <input type="radio"/> Yes <input type="radio"/> No	CPR Arrest Witnessed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Fire <input type="radio"/> Citizen <input type="radio"/> Police CPR Started: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Fire <input type="radio"/> Citizen <input type="radio"/> Police <input type="radio"/> Ambulance <input type="radio"/> RN <input type="radio"/> Lifeguard Time Started	Defibrillation AED Used on Patient: <input type="radio"/> Yes <input type="radio"/> No Summary/Module Tape: <input type="radio"/> Yes <input type="radio"/> No # Shocks Indicated/Delivered _____ # No Shock Indicated/Check Pulse _____ Signature of AED Operator
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OTHER

Other Patient Care: Blanket Dressing Splint Cervical Support Spinal Board Other (explain below)

Comments