

EMT-I - Automated External Defibrillator (AED)

Outcome Report for _____ Quarter of
Calendar Year _____

AED Provider Agency: _____

Program Contact Person: _____

Telephone Number: _____ FAX: _____

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1. The number of patients on whom EMT-I defibrillatory shocks were administered: _____
 2. The number of these persons who suffered a witnessed (seen or heard) cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation: _____
 3. The total number of patients, defibrillated, who were discharged from the hospital alive: _____
 4. The number of defibrillated patients witnessed in cardiac arrest, who were discharged from the hospital alive: _____
 5. The number of basic life support personnel who are qualified, in your jurisdiction, to perform defibrillation: _____
 6. The number of public safety personnel, (as defined in CCR Chapter 1.5) in your jurisdiction, qualified to perform defibrillation: _____
 7. The number of non-licensed or non-certified (lay public) persons, in your jurisdiction, trained to perform defibrillation (if available): _____