

Patient Care Record Post-AED Use

Information contained in the report is confidential to the Orange County Emergency Management Services Authority, Concordia University Department of Campus Safety, and the AED Program Coordinator under the Concordia University AED Program.

Contact the Department of Campus Safety immediately after using an AED on campus. Complete this form and send to the AED Program Coordinator or the Director of Campus Safety by the next business day.

Date:
Campus Safety Incident Report #:
Location of event:
Responders: <input type="checkbox"/> Campus Safety <input type="checkbox"/> City of Irvine Police <input type="checkbox"/> OC Fire Authority <input type="checkbox"/> Other:
Name of patient:
Time of collapse:
Time EMS called:
Time CPR initiated:
Time of AED use:
Response team names:
1.
2.
3.
4.
5.
6.
Describe event:
Serial number of AED:
Location of AED:
Department AED Designate:
Person completing this form/date: