CONFIDENTIAL

M-CAPD #_____
Facility CA Form #_____
MAIS Form #_____

MARYLAND FACILITY AED REPORT FORM FOR CARDIAC ARRESTS

To be completed immediately after a cardiac arrest occurs at your facility or the facility AED is put on a patient
Form should be filled out by the main caregiver at the scene & the Facility AED Operator and returned to MIEMSS **within 48 hours**
Please Return Completed Form with your AED Summary Report and copy of FDA Incident Form (if applicable) to:
Maryland Institute for Emergency Medical Services Systems (MIEMSS)
653 West Pratt Street Baltimore MD 21201 Attention: Epidemiology / M-CAPD Study
Fax: (410) 706-4366

1. Facility Name: _____

2. Incident Location: _____

_____

3. Date of Incident:_____/_____/_____

4.Estimated Time of **Incident**:_____:_____a.m. /p.m. 4a. Estimated Time that **911 Call** was placed:_____:____a.m. / p.m.

5. Name of Patient:_____
First Middle Last

6. Patient Gender: Male[ ] Female[ ] 7. Estimated Age of Patient:_____Yrs.

8. Did the patient collapse (become unresponsive, i.e., no breathing, no coughing, no movement)? Yes[ ] No[ ]

8a. If Yes, what were the Events immediately prior to the collapse (check all that apply):
Difficulty Breathing [ ] Chest Pain [ ] No Signs or Symptoms[ ] Drowning [ ]
Electrical Shock [ ] Injury [ ] Unknown [ ]

8b.Was someone present to see the person collapse? Yes[ ] No[ ]
If yes, was that person a trained AED Employee? Yes[ ] No[ ]

8c. After the collapse, at the time of Patient Assessment and just prior to the Facility AED pads being applied,
Were there signs of circulation (breathing, coughing, movement)? Yes[ ] No[ ]
Was pulse checked? Yes[ ] No[ ]
If yes, did the person have a pulse? Yes[ ] No[ ]

9. Was CPR given prior to 911 EMS arrival? Yes[ ] Go to #9a No[ ] Go to #10

9a.Estimated time CPR Started:_____:_____a.m. / p.m.

9b. Was CPR started prior to the Arrival of a Trained AED Employee? Yes[ ] No[ ]
9c.Who CPR? Bystander[ ] Trained AED Employee[ ]

10. Was a Facility AED brought to the patient's side prior to 911 EMS arrival? Yes[ ] No[ ]

10a. If No, Briefly describe why and skip to question 17:_____
10b. If Yes, Estimated Time (based on your watch) Facility AED at patient's side:_____:_____a.m. /p.m.

TURN OVER and COMPLETE BOTH SIDES

11. Were the Facility AED Pads put on the patient? Yes[ ] No[ ]

11a. If Yes, Was the person who put the AED pads on the patient a:
Trained AED Facility Employee[ ] Untrained AED Facility Employee[ ] Bystander[ ]

12. Was the Facility AED turned on? Yes[ ] No[ ]

12a. If Yes, Estimated Time (based on your watch) Facility AED was turned on:_____:_____a.m. /p.m.

13. Did the Facility AED ever shock the patient? Yes[ ] No[ ]

If Yes,

13a. Estimated time (based on your watch) of 1st shock by facility AED:_____:_____a.m. / p.m.

13b.If shocks were given, how many shocks were delivered prior to the EMS ambulance arrival? #_____

14. Name of Person operating the Facility AED:_____

14a. Is this person a trained AED employee? Yes[ ] No[ ]

14b. Highest level of medical training of person administering the Facility AED:

Public AED Trained [ ] First Responder AED Trained [ ] EMT-B [ ] CRT/EMT-P [ ]
Nurse/Physician [ ] Other Health Care Provider [ ] No Known Training [ ]

15. Was there any mechanical difficulty or failure associated with the use of the Facility AED? Yes[ ] No[ ]

15a. If Yes, Briefly explain and attach a copy of the completed FDA reporting form (required by Federal law).

_____

_____

16. Were there any unexpected events or injuries that occurred during the use of the Facility AED? Yes[ ] No[ ]

16a. If yes, Briefly explain:_____

_____

17. Indicate the patient's status at the time of the 911 EMS arrival:

17a. Pulse restored: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Pulse Restored: __ __:__ __
17b. Breathing restored: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Breathing Restored: :__ __:__ __
17c. Responsiveness restored: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Patient Responsive: __ __:__ __
17d. Signs of circulation: Yes [ ] No [ ] Don't Know [ ] If Yes, Time Circulation Returned:__ __:__ __

18. Was the patient transported to the hospital? Yes[ ] No[ ]

18a. If Yes, How was the patient transported? EMS Ambulance[ ] Private Vehicle[ ] Other_____

Report Completed by:_____

_____

_____ _____

_____

Was a Rural Health Grant funded AED used at the scene? (i.e., Was there a MR-AED sticker on the AED?) Yes [ ] No [ ] If yes, by whom? Police Mobile Unit[ ] Emergency Roadside Assist [ ] Public Access Facility [ ]

RETURN TO MIEMSS WITHIN 48 HOURS FOLLOWING INCIDENT: FAX (410) 706-4366
QUESTIONS? CONTACT MIEMSS Office of Special Programs at PHONE: (410) 706-4740

Maryland Facility AED Report Form for Cardiac Arrests

All facilities registering with MIEMSS for Public AED use will be required to fill out a Facility AED Report Form when:

1. A suspected Cardiac Arrest occurs at your facility whether or not the AED was applied; OR
2. Any time the Facility AED pads are put on a person (regardless of the person's medical condition). This includes the use of a Facility AED for any reason by either an authorized employee or an unauthorized person.

WHEN DOES THE REPORT NOT NEED TO BE FILLED OUT?

The report does not need to be filled out for non-cardiac related false alarms when the AED is retrieved but the pads are not applied. (Example: A customer feels ill and the AED is brought to the patient's side. The caregiver at the scene does not put the AED pads on the patient because the patient is not suspected of having a cardiac arrest.)

WHO SHOULD FILL OUT THE REPORT?

The report form should be filled out immediately after an incident occurs at your facility ***by the main Facility Caregiver at the scene and the Facility AED Operator*** (if a different person). The main Facility Caregiver at the scene is defined as the facility employee who begins the resuscitation process prior to the Facility AED operator arriving. In some circumstances, the Facility Caregiver and the Facility AED Operator may be the same person. If the person initiating resuscitation is not a facility employee, then the Facility AED Operator should be the person who fills out the form. The facility is not responsible for tracking down bystanders who are active in the resuscitation process. However, the report form should accurately reflect that a bystander and not a facility employee initiated the CPR process. The Facility AED Coordinator should review the report and help clarify any questions that the care- giver may have concerning the report.

WHAT IS THE TIME FRAME FOR FILLING OUT THE REPORT & SENDING IT BACK TO MIEMSS?

The report should be ***filled out immediately following the incident*** so that the information is still fresh in the mind of the main Facility Caregiver and the Facility AED Operator. If the caregiver has questions about the form, he/she will have 48 hours to consult with the Facility's AED Coordinator. The AED Coordinator is responsible for seeing that the report is ***returned to MIEMSS within 48 hours following the incident.***

WHO WILL SEE THIS REPORT?

This is a confidential report. The AED Coordinator should keep the original copy on file at the facility and a copy should be sent to MIEMSS for quality control purposes. ***It will be viewed only by the main Facility Caregiver at the incident, the Facility AED operator (if different from the main Facility Caregiver), the Facility AED Coordinator, and MIEMSS.*** MIEMSS will use the report for quality assurance and research purposes only.

WHAT IS THE RESPONSIBILITY OF THE FACILITY'S AED COORDINATOR REGARDING THE REPORT FORM?

1. The Facility AED Coordinator should answer any questions the main caregiver/AED operator has when filling out the form. Any further questions should be directed to MIEMSS Office of Special Programs (410) 706-4740.

2. The Facility AED Coordinator is responsible for seeing the form is fully completed. The AED Coordinator must return to MIEMSS within 48 hours of the incident:
    - copy of the Facility AED Report Form;
    - copy of the AED Summary Report (internal report generated from the facility AED);
    - copy of the FDA Incident Form (if applicable).
3. The Facility AED Coordinator is responsible for keeping on file at the facility: the original AED Report Form, a copy of the AED Summary Report and a copy of the FDA Incident Form (if applicable). Because these are confidential reports, the facility file should be in a secure room and locked.

WHERE DO I SEND THE MIEMSS REPORTS?

The forms can be returned to MIEMSS by either Fax or Express Mail.

MIEMSS Fax: (410) 706-4366 OR Express Mail to MIEMSS: 653 West Pratt Street
Baltimore, MD 21201
Attention: Epidemiology / M-CAPD Study