

# Monroe-Livingston Region Public Access Defibrillation Event Form

Organization Name

Contact Person

Phone Number

Patient Name

Patient Age

Sex

Date and time of Event

**YES**

**NO**

Was AED applied to patient?

Did AED allow shocks?

Number of Shocks delivered

Did patient regain a pulse?

Did patient begin breathing on their own?

Did patient regain consciousness?

If using the medical director from Monroe-Livingston:

Was the AED downloaded and sent in?

Name of Transporting Agency

Comments