Tuolumne County Emergency Medical Services Agency
Automatic External Defibrillator Report

Call Date _____ Incident # _____ FR Unit ID# _____ Station _____

Time Dispatched _____ Time Arrived _____ Time Cleared _____

Location of Call _____

Patient Name _____ Age _____ Gender ☐ Female ☐ Male Weight _____ ☐ Lbs ☐ Kgs

Allergies _____

Medications _____

Medical Hx _____

Witnessed Arrest? ☐ Yes ☐ No CPR prior to arrival? ☐ Yes ☐ No Cardiac arrest after arrival onsce? ☐ Yes ☐ No Pulses restored? ☐ Yes ☐ No

Minutes from arrest to CPR? _____ AED Operator (Name & Cert #) _____ Responder #2 (Name & Cert #) _____

Responder #3 (Name & Cert #) _____ Responder #4 (Name & Cert #) _____ Officer in Charge _____

Patient Assessmt _____

Other _____

TIME	TREATMENT	RESPONSE
	Assessment/ ABC's	
	CPR	
	BLS AIRWAY ☐ **OPA** ☐ **NPA**	
	Initial ECG Rythm	

Submit form to TCEMSA Agency: kandrews@co.tuolumne.ca.us or Fax to 209-533-7406