

PUBLIC SAFETY EARLY DEFIBRILLATION PROGRAM

RECORDS AND FORMS

I. PURPOSE

To provide direction for the completion of records and forms utilized to record information required or requested as part of the Public Safety Early Defibrillation program.

II. FORMS TO BE USED

- A. Marin County Early Defibrillation Patient Care Record (Addendum A)
- B. Early Defibrillation Program Data Collection Form (Addendum B)
- C. Early Defibrillation Program Report (Addendum C)

III. MARIN COUNTY EARLY DEFIBRILLATION PATIENT CARE RECORD

- A. General instructions
 - 1. Form to be completed by responders utilizing AED
 - 2. To be considered legal record of patient care activities
 - 3. To be completed in blue or black ink
 - 4. Distribution of form as follows:
 - a) White--agency
 - b) Yellow--EMD physician
 - c) Pink--Patient record
- B. Completion of form
 - 1. **Authorization No:** Not applicable
 - 2. **Agency No:** For agency use, optional
 - 3. **Date:** Enter date
 - 4. **Engine Co:** Enter unit number
 - 5. **Treating Unit:** Enter treating unit number
 - 6. **Location:** Enter address of call
 - 7. **First Responder Names/Signatures** All participating responders should print name, sign form
 - 8. **Collapse to 911 call** Enter time estimate based on input from calling party
 - 9. **Collapse to Initial CPR:** Enter time estimate based on input from calling party

10. **Time called 911** Enter actual time of call
11. **Time Vehicle Dispatched** Enter actual dispatch time
12. **Time Engine Company on Scene** Enter actual time of arrival of responding unit
13. **Patient information** Enter name, check appropriate sex, enter approximate age
14. **Arrest Status** Check the most appropriate box indicating circumstances of the arrest
15. **First "Press to Analyze" resulted in:** Check the appropriate box indicating AED response to first "press to analyze". Choice is "patient shocked" or "no shock indicated". Enter number of shocks prior to ALS arrival; check box to indicate whether there was return of pulse and whether it occurred before or following arrival of ALS unit
16. **Transportation** Check appropriate box indicating mode of transport.
17. **Comments:** Make any comments in this section that would add to the program director's knowledge about this case

IV. EARLY DEFIBRILLATION PROGRAM DATA COLLECTION FORM

A. General Information

1. Completed utilizing information from Early Defibrillation Patient Care Record and ECG recording of call, PCR, and ED records
2. Serves as quality improvement review tool
3. Computerized form may substitute for this form

V. EARLY DEFIBRILLATION PROGRAM REPORT

A. General Information

1. Purpose is to provide yearly summary report to EMS Agency
2. Records activities within a specific program
3. Includes all information currently being reported to EMS Authority and EMCC
4. Additional observations and/or recommendations may be attached as desired

Category: Programs
Public Safety Early Defibrillation
Records and Forms

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Addendum A

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Addendum B

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Addendum C