



EVENT REPORT FORM

This form should be completed in all cases when AED / defibrillator was used, regardless of whether shocks were given or not

Date of incident (dd/mm/yyyy) [ ] [ ] [ ]

Organisation responsible for the defibrillator [ ]

Sex (✓) Male [ ] Female [ ] Unknown [ ] Age [ ] Years Known [ ] Estimated [ ] Unknown [ ]

Place of collapse Tick (✓) one box only:

Airport [ ] Home [ ] Remote location [ ] Street [ ]
Bus station [ ] Leisure centre/Gym [ ] Road Traffic Accident [ ] Unknown [ ]
Doctor's surgery [ ] Other location [ ] Shopping centre [ ] Underground railway [ ]
Exhibition/Conference [ ] Railway station [ ] Sporting event [ ] Workplace [ ]

Specific place or address of collapse (e.g. Luton Airport, Sports Centre Penarth Road Cardiff, etc.) [ ]

Was the collapse witnessed? (✓) Yes [ ] No [ ] Unknown [ ]

Was CPR started before the defibrillator arrived? (✓) Yes [ ] No [ ] Unknown [ ]

What was the delay between the victim collapsing and the start of CPR? [ ] Minutes Measured [ ] Estimated [ ] Unknown [ ]

Time the event was notified to central ambulance control (where applicable) [ ] Hours [ ] Minutes

Time delay between collapse and placing the electrodes on the victim's chest [ ] Minutes Measured [ ] Estimated [ ] Unknown [ ]

Was a shock given? (✓) Yes [ ] No [ ] Unknown [ ]

If YES, what was the total number of shocks given before the ambulance arrived? [ ] Shocks

Did the victim have signs of circulation AFTER any shock was administered? (✓) Yes [ ] No [ ] Unknown [ ]

Did the victim start breathing or recover consciousness before the ambulance arrived? (✓) Yes [ ] No [ ] Unknown [ ]

Was the victim: Tick (✓) one box only

Alive not transferred to hospital [ ] Transferred to hospital\* - no circulation [ ] \*Hospital name: [ ] Other [ ]
Recognised dead at the scene [ ] Transferred to hospital\* - with circulation [ ] Unknown [ ]
Transferred to hospital\* - CPR in progress [ ]

Victim's status after transfer to hospital: Tick (✓) one box only

Dead on arrival [ ] Admitted, but did not survive to discharge [ ] Discharged alive [ ] Unknown [ ]

Additional information [ ]

FOR OFFICE USE ONLY - PLEASE DO NOT COMPLETE THIS SECTION

SUPPLIER (✓) BHF [ ] DOH [ ] Other [ ]
OUTCOME (✓) Dead on arrival at hospital [ ] Died in hospital [ ] Recognised dead at scene [ ] Survived to discharge [ ] Unknown [ ]
REGION (✓) England [ ] Northern Ireland [ ] Other [ ] Scotland [ ] Unknown [ ] Wales [ ]
C.DATA? (✓) Yes [ ] No [ ] Unknown [ ]
Organisation: [ ] Event ref: [ ]

PLEASE SEND THE WHITE COPY AS SOON AS POSSIBLE TO: The Resuscitation Council (UK), 5th Floor, Tavistock House North, Tavistock Square, London WC1H 9HR
BLUE COPY: Send to your department. GREEN COPY: Retain for your records