

Emergency Summary Form

At the conclusion of a cardiac emergency, the Athletic/Activities Administrator should provide the lead responder with a copy of the emergency summary form. The lead responder must complete and return the form to the administration within 24 hours.

Location of event:		
Date of event:		
Time of event:		
Victim's name:		
Was the event witnessed or unwitnessed?	<input type="checkbox"/> Witnessed	<input type="checkbox"/> Unwitnessed
Name of trained Rescuer(s):		
Was 9-1-1 called?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of 9-1-1 caller:		
Where there signs of life at assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was CPR started before the AED arrived?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name(s) of CPR Rescuer(s):		
Were shocks administered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total number of shocks?		
Did victim regain a pulse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did victim resume breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did victim regain consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was victim transported by the EMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please explain:		
Any problems encountered?		
Did the EMS encounter any problems accessing the venue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Additional comments:		
Name of person completing form:		