

**Hudson Valley Regional Emergency Medical Services Council, Inc.**  
*Public Access Defibrillation Report*

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Patient's Sex (Circle One): **Male/Female** Patient's Race: \_\_\_\_\_

Name of PAD Organization: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Incident: \_\_\_\_\_

AED Care Initiated by (Circle One): **PAD Trained Layperson** **School Personnel** **Medical Personnel**  
**Other:** \_\_\_\_\_

Estimated Time from Arrest to CPR: \_\_\_\_\_ Estimated Time from Arrest to 1<sup>st</sup> AED Shock: \_\_\_\_\_

Total Number of Shocks Administered to Patient: \_\_\_\_\_

Patient's Outcome at Incident Site (Circle all that Apply):

**Became Responsive** **Remained Unresponsive** **Regained Pulse** **Did Not Regain Pulse**

**Regained Spontaneous Respirations** **Did Not Regain Spontaneous Respirations**

Name of Transporting Ambulance Service: \_\_\_\_\_

Name of Hospital Patient was transported to: \_\_\_\_\_

Patient Outcome (If Known): \_\_\_\_\_

**Please complete and Fax or Mail this Report to the HVREMSCO after each use of a Defibrillator**  
**\*Public School PAD Programs must also call 845-534-2430 or FAX Report to 845-534-3070 immediately\***  
*Thank you for your cooperation!*

Hudson Valley Regional  
Emergency Medical Services Council  
45 Academy Avenue  
Cornwall-On-Hudson, NY 12520