**Project ADAM CPR-AED Incident Report**

**Instructions:** Please complete this form each time CPR and/or AED rescue is initiated. Return the form to your local Project ADAM Affiliate Program Coordinator.

***Background Information***

Project ADAM Affiliate Program Name:

Date of incident:

School: District:

Location of incident on school campus:

Victim’s age: Sex: Male Female

Were there any known health problems? Yes No Not sure

Was there any blow to the chest just prior to this event? Yes No Not sure

Does your school practice annual Cardiac Emergency Response drills? Yes No Not sure

***CPR-AED Rescue Information***

Event was: *(Circle One)*

Witnessed by bystander Witnessed by CPR-trained rescuer Not witnessed

Was CPR provided prior to defibrillation? Yes No

Was there an AED on campus? Yes No

Was the AED brought to the scene? Yes No

Was the school AED used? Yes No

Estimated time from arrest to CPR: Estimated time from arrest to applying AED:

Shock advised? Yes No

Victim outcome at incident site: *(Circle One)*

Became responsive

Return of pulse and breathing

Return of pulse with no breathing

No return of pulse or breathing, remained unresponsive

Classify the school incident: *(Circle One)*

Documented save

Appropriate response to SCA

***Additional Comments***

Transport ambulance service:

AED with EMS? Yes No Not sure

Estimated EMS response time:

EMS AED used? Yes No Not sure

Facility patient was transported to:

***School Contact Information***

Name: Position: Email:

Signature: Date:

*This report should be maintained if required by school policy, and a copy emailed, mailed or faxed to your local Project ADAM Affiliate Program Coordinator.*

**Project ADAM National Office Use Only:**

Submitted into Project ADAM Database: Yes No

Staff Initials: