Project ADAM®
SAVES LIVES

CPR / AED CARDIAC EVENT
RECORDER SHEET

Date of Incident: Time of Incident:

☐ Witnessed Arrest (someone saw them collapse)
☐ Unwitnessed Arrest (someone found them unconscious)

Location:

EVENT TIMELINE

Victim Found: CPR Started: AED Arrived:

AED Placed: EMS Arrived: EMS Departure:

CPR Ended: Reason: ☐ EMS arrived ☐ Regain of consciousness

Notes:

RESUSCITATION DETAILS

Shock Analysis Time(s):

	☐ Shock	☐ No Shock		☐ Shock	☐ No Shock
	☐ Shock	☐ No Shock		☐ Shock	☐ No Shock
	☐ Shock	☐ No Shock		☐ Shock	☐ No Shock

Did the patient wake up or respond (regain consciousness)? ☐ YES ☐ NO ☐ UNKNOWN TIME:

Patient's condition upon EMS Arrival:

Hosptial Name:

AED location following event: ☐ EMS ☐ Parent ☐ School Nurse ☐ Other:

INCIDENT CONTACT INFORMATION

School Name:

School Nurse Name: School Phone Number:

EMS Contact Name: EMS Phone Number:

TEAM MEMBERS PRESENT

Name:	Role:	Contact (if needed):

Signature of Reporter

Date