

**University of Tennessee Health Science Center  
Automated External Defibrillator Use Report**

Date and Time of Use: \_\_\_\_\_ Location: \_\_\_\_\_

Patient Information: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

UT Employee? Yes\_\_ No\_\_      UT Student? Yes\_\_ No\_\_      Campus Visitor? Yes\_\_ No\_\_

Patient Condition upon your arrival: (circle all that apply)

Conscious	Breathing	Pulse	Bystander CPR
Unconscious	Not Breathing	No Pulse	No bystander CPR

What action did you take?

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Was shock needed? Yes\_\_ No\_\_      Was a shock delivered? Yes\_\_ No\_\_

Was CPR performed? Yes\_\_ No\_\_

Did pulse return? Yes\_\_ No\_\_      Did breathing return? Yes\_\_ No\_\_

Did patient become conscious? Yes\_\_ No\_\_      Did the device perform as intended? Yes\_\_ No\_\_

Condition on arrival of EMS (e.g., alert, unresponsive, etc.) \_\_\_\_\_

Outcome (if known): \_\_\_\_\_

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**Please print names/email of all AED responders:**

_____	_____
_____	_____
_____	_____

**Print Name**

**Signature**

**Date**

*Please submit this report to Medical Director, University Health Services at [llaflora@uthsc.edu](mailto:llaflora@uthsc.edu) and Dr. Kelly Rogers @ [krogers1@uthsc.edu](mailto:krogers1@uthsc.edu)*