# Town of Vienna
# AED Use Report

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|---|---|
| AED Location: | |
| Date: | |
| Time (am/pm): | |
| EMS Notified By: | |
| Names of AED Responders: | |
| Name of Patient (if known): | |
| Age: | Sex: |
| Number of Shocks Given: | |
| Person giving shocks:: | |
| Patient Disposition (check all that apply): | Any return of circulation at the scene? ☐ Yes ☐ No<br>Transported by EMS? ☐ Yes ☐ No<br>Resuscitation terminated by EMS? ☐ Yes ☐ No<br>Any circulation at time of transport? ☐ Yes ☐ No |
| Other: | |

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|---|
| Incident Summary: |
| Report completed by: |