



Resuscitation Council (UK) EVENT REPORT FORM

This form should be completed in all cases when AED / defibrillator was used, regardless of whether shocks were given or not

Date of incident (dd/mm/yyyy)

Organisation responsible for the defibrillator (e.g. Name of First Responder group, GP, Police Force etc.)

Sex (✓) Male Female Unknown Age Years Known Estimated Unknown

Place of collapse Tick (✓) one box only:

- Airport
- Home
- Remote location
- Street
- Bus station
- Leisure centre/Gym
- Road Traffic Accident
- Unknown
- Doctor's surgery
- Other location
- Shopping centre
- Underground railway
- Exhibition/Conference
- Railway station
- Sporting event
- Workplace

Specific place or address of collapse (e.g. Luton Airport, Sports Centre Penarth Road Cardiff, etc.)

Was the collapse witnessed? (✓) Yes No Unknown

If YES, please indicate by whom (✓) Rescuer with defibrillator Other person

Was CPR started before the defibrillator arrived? (✓) Yes No Unknown

What was the delay between the victim collapsing and the start of CPR? Minutes Measured Estimated Unknown

Time the event was notified to central ambulance control (where applicable) Hours Minutes

Time delay between collapse and placing the electrodes on the victim's chest Minutes Measured Estimated Unknown

Was a shock given? (✓) Yes No Unknown

If YES, what was the total number of shocks given before the ambulance arrived? Shocks

Did the victim have signs of circulation AFTER any shock was administered? (✓) Yes No Unknown

Did the victim start breathing or recover consciousness before the ambulance arrived? (✓) Yes No Unknown

Was the victim: Tick (✓) one box only

- Alive not transferred to hospital
- Transferred to hospital* - no circulation
- *Hospital name:
- Other
- Recognised dead at the scene
- Transferred to hospital* - with circulation
- Unknown
- Transferred to hospital* - CPR in progress

Victim's status after transfer to hospital: Tick (✓) one box only

- Dead on arrival
- Admitted, but did not survive to discharge
- Discharged alive
- Unknown

Additional information

FOR OFFICE USE ONLY - PLEASE DO NOT COMPLETE THIS SECTION			
SUPPLIER (✓)	OUTCOME (✓)	REGION (✓)	C.DATA? (✓)
BHF <input type="checkbox"/>	Dead on arrival at hospital <input type="checkbox"/>	England <input type="checkbox"/>	Yes <input type="checkbox"/>
DOH <input type="checkbox"/>	Died in hospital <input type="checkbox"/>	Northern Ireland <input type="checkbox"/>	No <input type="checkbox"/>
Other <input type="checkbox"/>	Recognised dead at scene <input type="checkbox"/>	Other <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Survived to discharge <input type="checkbox"/>	Scotland <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	Unknown <input type="checkbox"/>	
		Wales <input type="checkbox"/>	
Organisation: <input style="width: 100%;" type="text"/>			Event ref: <input style="width: 100%;" type="text"/>

PLEASE SEND THE WHITE COPY AS SOON AS POSSIBLE TO:

The Resuscitation Council (UK), 5th Floor, Tavistock House North, Tavistock Square, London WC1H 9HR

BLUE COPY: Send to your department GREEN COPY: Retain for your records