PEAK EMERGENCY RESPONSE TRAINING
A division of Peak Project Management, Inc.

POST-AED INCIDENT REPORT (PAIR)

INCIDENT INFORMATION

RESORT, COMPANY or SAR TEAM	LOCATION OF INCIDENT	POSITION OF PATIENT WHEN FOUND	*INCIDENT DATE

INCIDENT TIMES

*TIME OF COLLAPSE	*REPORTED TO DISPATCH	*AED DISPATCHED	*AED AT SCENE	*EMS ARRIVAL AT SCENE
____ : ____ ☐ KNOWN ☐ ESTIMATED	____ : ____	____ : ____	____ : ____	BCEHS ____ : ____ FIRE ____ : ____

PATIENT INFORMATION

NAME	GENDER	*DATE OF BIRTH	AGE	ADDRESS
	☐ MALE ☐ FEMALE			

CARDIAC ARREST SPECIFIC INFORMATION

BYSTANDER CPR (MEMBER OF THE PUBLIC)	COLLAPSE WITNESSED
☐ NO ☐ YES NAME _____ CPR QUALITY ☐ GOOD ☐ FAIR ☐ POOR ☐ N/A	☐ NO ☐ YES NAME _____

EVENTS IMMEDIATELY PRIOR TO COLLAPSE	CAUSE OF COLLAPSE
☐ CHEST PAIN/DISCOMFORT ☐ NAUSEA/VOMITING ☐ LIGHT-HEADED/DIZZY ☐ SHORTNESS OF BREATH ☐ UNKNOWN	☐ TRAUMATIC ☐ MEDICAL ☐ UNKNOWN

PATIENT CARE INFORMATION

RETURN OF SPONTANEOUS CIRCULATION	RESUSCITATION DISCONTINUED AT SCENE
☐ NO ☐ YES ☐ Estimated *Time _____	☐ NO ☐ YES ☐ By Whom & When? _____

Were there any airway management concerns encountered during the resuscitation? (e.g. vomiting/regurgitation, FBAO, etc.)	☐ No	☐ Yes
Was suction used to clear the airway?	☐ No	☐ Yes
Did the patient appear to breathe on their own following a ROSC?	☐ No	☐ Yes
Did the patient have 'signs of circulation' when the ambulance paramedics arrived?	☐ No	☐ Yes

AED PROVIDER INFORMATION

	NAME OF RESPONDERS	*TIME ON SCENE	ROLE AT THE SCENE	RESPONDERS INITIALS
1	_____	____ : ____	_____	_____
2	_____	____ : ____	_____	_____
3	_____	____ : ____	_____	_____
4	_____	____ : ____	_____	_____
5	_____	____ : ____	_____	_____

Form Completed By _____ ***Date & *Time Completed** _____

Signature _____

***TIMES written in 24 hour format = 13:10** ***DATES written as = dd/mm/yy**

SCAN & FORWARD TO: meddirection@peakemergencytraining.com

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