



# North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

Ann M. Smith, EMT-CC, Director

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## AED Data Collection Form

<b>Organization's Name:</b>
<b>Date of use:</b>
<b>Approximate Time of use:</b>
<b>Patient's age:</b>
<b>Patient's sex:</b>
<b>Who started CPR? Staff, bystanders, Nurse, EMT's ECT.</b>
<b>Estimated Time from collapse to AED application:</b>
<b>Numbers of shocks given:</b>
<b>Ambulance Name that assumed care:</b>
<b>Hospital Name:</b>
<b>Patient outcome to best of your knowledge:</b>

Please mail this form to the address listed below within one week of the incident.

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