



49692

Complete this form:

- For each serious adverse situation which occurs with AED misuse or malfunction; or with resuscitation efforts affecting the volunteer or patient; or within unit "contamination" where a non-study AED is placed in a unit; or if a formal objection to this study is raised.
 - If more than one volunteer experienced an adverse situation, complete multiple forms; otherwise, complete only one form per episode
- Data Sources: Police, EMS, volunteer/bystander



Adverse Situation Notification

(potential & confirmed)

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Entity ID: **entid43**

[]	[]	[]	[]	[]	[]
(Site)	(Unit)	(Entity)	(Chk)		

entsit43 entunt43 entnum43 entchk43

1. Date Completed: **dtcomp43** Date Adv. Situation Occurred: Entity Name: _____

[]	[]	/	[]	[]	/	[]	[]	[]	[]	[]
(month)	(day)		(year)		(month)	(day)	(year)		date43	

FAX to CTC within 24 hours of discovery: 1- 888- 437- 4767

The CTC will request additional information via letter and will determine whether event is an actual AE.

2. Type of Adverse Situation: (check ^{all}) **valid43**

Volunteer/Bystander: Volunteer ID: **vol43**

[]	[]	[]	[]	[]	[]
(site)	(unit)	(volunteer)	(chk)	(acrostic)	

volsit43 volunt43 volnum43 volchk43 volacr43

- backv43** Injury to back
- injext43** Injury to extremity
- fltshk43** Felt AED shock
- emot43** Emotional trauma
- othvol43** Other: **spvol43 (30)**

- Patient: Rib Fracture **rib43**
- liver43** Liver laceration
 - pneumo43** Pneumothorax
 - head43** Head trauma
 - neck43** Neck/Back trauma
 - dnar43** Resuscitated despite a DNAR order
 - othpt43** Other: **sppt43 (30)**

AED: AED ID: **aed43**

[]	[]	[]	[]
(site)	(AED)	(chk)	

aedsit43 aednum43 aedchk43 aedid43

- malfct43** AED malfunction
- nontrn43** AED use by non-authorized person (non-trained)
- aedshk43** AED shock delivered to non-arrest person
- delay43** AED use caused substantial delay in 911 activation
- prank43** Criminal/prank use of AED (includes missing/damaged/tampering)
- othaed43** Other: **spaed43 (30)**

- Contamination: Non-study AED(s) placed in unit **nonstd43**
- Public: Public formal objection **public43**

3. Patient ID: **patid43**

[]	[]	[]	[]	[]
(site)	(patient)	(chk)		

patsit43 patnum43 patchk43

or Not associated with an episode **noepsd43**

4. Brief Description of Circumstances: **spsum143 (60)** **spsum243 (60)**

code43

[]	[]	[]	[]
Code Number			

For CTC Use Only

[]	<input type="radio"/> Yes	[]	[]	[]	[]
[]	<input type="radio"/> No	[]	[]	[]	[]

Signature of person filling out this form
FAX (1-888-437-4767)