



37521

Complete this form:

- If unit AED pads were applied.
- To be completed as soon as possible.

Data Source: EMS



Electrode Pad Placement

page 1 of 1

Patient ID:

| | | | | | | | |
|--------|-----|---|-----------|-----|-----|---|-------|
| [] | [] | - | [] | [] | [] | - | [] |
| (site) | | | (patient) | | | | (chk) |

patid38

patchk38

Entity Name: _____

date38

1. Date Completed:

| | | | | | | | | | |
|---------|-----|---|-------|-----|---|--------|-----|-----|-----|
| [] | [] | / | [] | [] | / | [] | [] | [] | [] |
| (month) | | | (day) | | | (year) | | | |

dtepsd38

2. Date of Episode:

| | | | | | | | | | |
|---------|-----|---|-------|-----|---|--------|-----|-----|-----|
| [] | [] | / | [] | [] | / | [] | [] | [] | [] |
| (month) | | | (day) | | | (year) | | | |

3. Is the placement of electrode pads known?

1 Yes →

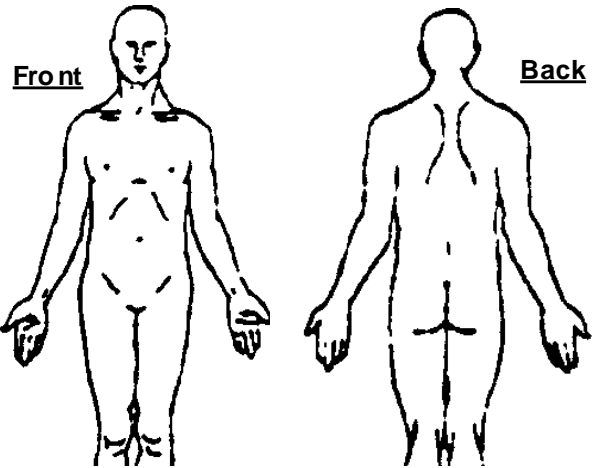
Primary Source:

- EMS
- Other medical
- Volunteer
- Torso inspection

source38

Pad Location:

Put Black Dot (approximately this size ●) where pads were located: →



2 No, unable to contact appropriate source →

Date 1st Attempted:

dtatmp38

| | | | | | | | | | |
|---------|-----|---|-------|-----|---|--------|-----|-----|-----|
| [] | [] | / | [] | [] | / | [] | [] | [] | [] |
| (month) | | | (day) | | | (year) | | | |

Attempts:

[]

numtry38

3 No, source can't remember →

Date Contacted:

dtcont38

| | | | | | | | | | |
|---------|-----|---|-------|-----|---|--------|-----|-----|-----|
| [] | [] | / | [] | [] | / | [] | [] | [] | [] |
| (month) | | | (day) | | | (year) | | | |

4. Adequacy of Pad Adherence: (check one only)

- Good (would conduct shock)
- Adequate (almost surely would conduct shock)
- Inadequate (probably wouldn't conduct shock adequately)
- Unknown

padadh38

5. Any obvious difficulties? (e.g., reason for inadequate adherence, hairy chest, diaphoresis)

spdif138

spdif238

spdif338

code38

| | | | | |
|-----|-----|---|-----|-----|
| [] | [] | - | [] | [] |
|-----|-----|---|-----|-----|

Code Number

For CTC Use Only

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

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Signature of person filling out this form
Mail / FAX