

# Field Event Review/QA Report

Event Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

## Audio Data Review

- \_\_\_\_\_ Verifies cardiac arrest and attaches AED
- \_\_\_\_\_ Identifies self, provider and patient with initial brief short report
- \_\_\_\_\_ Verbalizes correct placement of defibrillation electrodes
- \_\_\_\_\_ Clears patient prior to every analysis
- \_\_\_\_\_ Clears patient prior to every shock
- \_\_\_\_\_ Checks pulse/circulation when prompted
- \_\_\_\_\_ Provides updated information at least once
- \_\_\_\_\_ Effectively directs resuscitation and patient care
- \_\_\_\_\_ Performs correct sequencing of protocols and effective BLS Care

## Data Printout Review

- \_\_\_\_\_ Correct date and time displayed
- \_\_\_\_\_ Presenting rhythm
- \_\_\_\_\_ Time to first shock delivered or "no shock advised" \_\_\_\_\_ (90 seconds or local protocol)

## Written Report Review

- \_\_\_\_\_ Copy of patient record
- \_\_\_\_\_ Review of event time records
- \_\_\_\_\_ Complete form and narrative

## Comments

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Adapted with permission, Bellevue Fire Department, Bellevue, WA, courtesy of Bruce Ansell.