



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:

1 EMS

2 Other medical

3 Volunteer

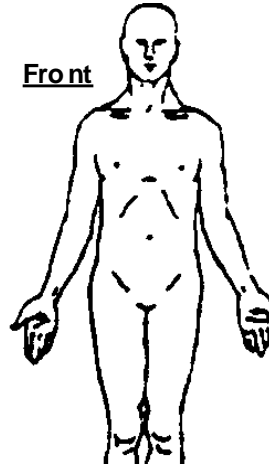
4 Torso inspection

source38

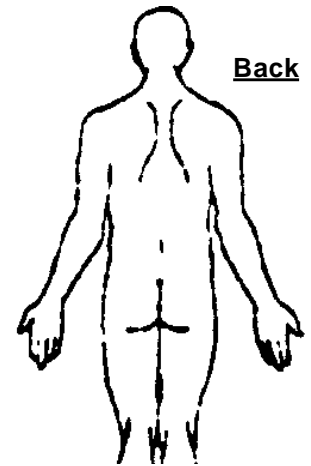
Pad Location:

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

Front



Back



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)

1 Good (would conduct shock)

2 Adequate (almost surely would conduct shock)

3 Inadequate (probably wouldn't conduct shock adequately)

4 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				
---------------------------	--------------------------	--	--	--	--

PADPLACE Version 1.00 08-21-00

Signature of person filling out this form
Mail / FAX