Canadian Red Cross

RECORD OF FIRST AID RENDERED & AED USE

Confidential When Completed

Name of Casualty: (If Known)	**Male** ☐ **Female** ☐	**Age:**

Address:
(If Known)

Date of Emergency: dd/mm/yyyy **Time:**

Nature of Emergency:

Motor Vehicle Collision ☐ Near Drowning ☐ Heart Condition ☐ Diabetes ☐ Unknown ☐
Workplace Incident ☐ Chocking ☐ Seizure ☐ Pregnancy ☐
Recreation / Sport ☐ Fall ☐ Respiratory Distress ☐ Severe Bleeding ☐

Location of Emergency:

Primary Assessment:

Level of Consciousness-

Alert ☐ Responds to Verbal ☐ Responds to Pain ☐ Unresponsive ☐

Airway:

Spontaneously Opened ☐ Head Tilt/Chin Lift ☐ Modified Jaw Thrust ☐

Airway Obstruction, Successfully Cleared ☐ Not Cleared ☐

Breathing:

Spontaneously ☐ Rescue Breathing ☐ Barrier Device Used: Yes ☐ No ☐

Circulation:

Pulse Present: Yes ☐ No ☐ CPR Initiated: Yes ☐ No ☐ Successful: Yes ☐ No ☐

Severe Bleed Present: Yes ☐ No ☐ Controlled by Dressing: Yes ☐ No ☐

AED Use

Make: ______________________________ Model: ______________________

Number of shocks Indicated/Delivered: ______________________________

Number of No Shock Indicated/Check Pulse: ______________________________

Event History: (What happened, care rendered and casualty response)

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Disposition of Casualty:

Care transferred to: Fire Department ☐ Ambulance ☐ Doctor/Nurse ☐ Other ☐

Name of Hospital casualty transferred to: (*if known*) ______________________________

First Aid Provider:

Name: ______________________________ Telephone: ______________________

Address: ______________________________ Postal Code: ______________________

Date of First Aid/AED Training: ______________________ Instructor: ______________________

To be completed and submitted within **48 hours** of incident