PHYSIO CONTROL

Clinical Event Reference
For Physio-Control Use Only

Customer Event Report

Reporter Information	
Event Reporter Name:	
Telephone:	
Email:	
Distributor Name:	

User Information	
Country:	
Was user trained?	❑ Yes ❑ No
Training Provider (if known):	

Device Information		
Device Type (Check one.)	Device Serial Number	Device Software Version
❑ LIFEPAK CR Plus®		
❑ LIFEPAK® EXPRESS		
❑ LIFEPAK CR2		

Patient Information*	
Gender: ❑ Male ❑ Female ❑ Non-binary/third gender	
Age in Years:	
Time of Use (Local):	
Date of Use:	

Pre-Existing Medical Conditions (if known)	
Medical Condition (Check all that apply.)	Details
❑ Diabetes Mellitus	
❑ Hypertension	
❑ Hyperlipidaemia	
❑ Implanted Pacemaker	
❑ Other (Please specify)	

Event Information		
Was the event witnessed?	❑ Yes ❑ No	If yes, by whom?
Was CPR performed by bystander prior to AED being switched on?	❑ Yes ❑ No	If yes, for how long?
What was the rescuer response time (from SCA to retrieving AED)?		
Was patient breathing prior to commencing CPR?	❑ Yes ❑ No ❑ Unknown	
Was the patient's pulse detected prior to commencing CPR?	❑ Yes ❑ No ❑ Unknown	
Was a shock delivered?	❑ Yes ❑ No	

*Only information requested on the Customer Event Form should be provided. All other patient information should remain anonymous.

stryker

Location of Resuscitation Attempt	
Location (Check one.)	Details
❑ Home	
❑ Office	
❑ Medical Facility	
❑ Sports Center	
❑ Public Space	
❑ Other (Please specify)	

Presenting Heart Rhythm (if known)	
Heart Rhythm (Check one.)	Details (Provide additional information about heart rhythm, if known.)
❑ VF	
❑ VT	
❑ PEA	
❑ Asystole	
❑ Sinus Rhythm	
❑ Non-Shockable	
❑ Other (Please specify)	

Patient Outcome	
Outcome (Check one.)	Details
❑ Survived to hospital admission	
❑ Survived to hospital discharge	
❑ Did not survive	

Is the device used available for investigation, if required?

❑ Yes ❑ No

Was the event downloaded?

❑ Yes ❑ No

If yes, please upload event file to:
www.physio-control.com/forward-hearts

If no, should Physio-Control provide a printed or download version of the event?

❑ Printed ❑ Downloaded ❑ Neither

Forward Hearts	
Has the survivor been informed of the Forward Hearts program? (www.physio-control.com/forward-hearts)	❑ Yes ❑ No
Does the survivor wish to participate in the Forward Hearts program?	❑ Yes ❑ No

TERMS

Following are the terms for the Forward Hearts program.

1. The event must be an actual sudden cardiac arrest to qualify.
2. The event is verified by Physio-Control team, whose decision is final.
3. Exclusions apply. Please contact your sales representative for details.

Signature: _____ Date: _____

Report/Description of Event
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If needed please give more details here

GDR 3335570_B