HeartSine®

Clinical Event Reference
For HeartSine 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
❑ SAM PAD 300		
❑ SAM PAD 300P		
❑ SAM PAD 350P		
❑ SAM PAD 360P		
❑ SAM PAD 450P		
❑ SAM PAD 500P		
❑ AED		
❑ PDU 400		

Accessories
Other Accessories Used
❑ Towel
❑ Razor
❑ Ventilation Kit
❑ Scissors
❑ Alcohol/Antiseptic Wipe
❑ None
❑ Other

Pad-Pak Information™		
Pad-Pak Type (Check one.)	Lot/Serial Number	Expiration Date
❑ Pad-Pak		
❑ Pediatric-Pak™		

Patient Information	
❑ Male ❑ Female ❑ Unknown	
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	

Event Information		
Was the event witnessed?	❑ Yes ❑ No	If yes, by whom?
Was CPR performed by bystander prior to AED switch 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	
Did the patient have a pulse prior to commencing CPR?	❑ Yes ❑ No ❑ Unknown	
Was a shock delivered?	❑ Yes ❑ No	

Location of Resuscitation Attempt

Location (Check one.)	Details
☐ Home	
☐ Office	
☐ Medical Facility	
☐ Sports Center	
☐ Public Space	
☐ Other	
☐ Unknown	

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	

Patient Outcome

Outcome (Check one.)	Details
☐ Survived to hospital admission	
☐ Survived to hospital discharge	
☐ Did not survive	
☐ Unknown	

Is the device used available for investigation, if required?
☐ Yes ☐ No

Was the event downloaded using Saver EVO™ software? ☐ Yes ☐ No
If yes, please upload event file to:
http://heartsine.com/support/upload-saver-evo/

If no, should HeartSine provide a printed or download version of the event?
☐ Printed ☐ Downloaded ☐ Neither

Additional Comments/Suggestions

Forward Hearts

Has the survivor been informed of the HeartSine Forward Hearts program? (http://heartsine.com/forward-hearts)	☐ Yes ☐ No
Does the survivor wish to participate in the Forward Hearts program?	☐ Yes ☐ No

Signature: _____ **Date:** _____

Report/Description of Saver Event

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If needed please give more details here