



King County EMS – Training & Education Early Defibrillation Program

AED Quality Assurance & Performance Report

Class Date: _____

Technician's Name: _____

EMS Number: _____

Fire Department: _____

Station Number: _____

Session: *Please mark one box*

Initial Class 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Training Level: EMT 1st Responder Other

Defibrillator: LP12 LP 300 Zoll M-Series Philips MRX
 Forerunner FR-2 Other

CPR and Obstructed Airway skills -- Instructor's initials required

- | | |
|-------------------------------------------|--------------------------------------------|
| _____ Adult conscious obstructed airway | _____ Child one rescuer CPR |
| _____ Adult unconscious obstructed airway | _____ Child two rescuer CPR |
| _____ Adult one rescuer CPR | _____ Infant conscious obstructed airway |
| _____ Adult two rescuer CPR | _____ Infant unconscious obstructed airway |
| _____ Child conscious obstructed airway | _____ Infant one rescuer CPR |
| _____ Child unconscious obstructed airway | _____ Infant two rescuer CPR |

Yes No

Performance Objectives

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Verifies cardiac arrest and initiates proper CPR sequence (MUST PASS) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Identifies: <input type="checkbox"/> self, <input type="checkbox"/> department, and <input type="checkbox"/> patient short report |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Identifies correct placement of and properly places defibrillation pads |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Completes 30 compressions prior to every rhythm analysis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Clears patient prior to every rhythm analysis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Clears patient prior to every shock (MUST PASS) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Time of first "shock": _____ OR first "no shock": _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. First shock on board in less than 60 seconds: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Perform 2 minutes (or slightly more) of uninterrupted CPR after shock or no shock |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Provides updated patient information at least once |

PLEASE TURN OVER

CONTINUED – Performance Objectives

Yes **No**

- | | | | |
|--------------------------|--------------------------|------------|----------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Technician effectively directs resuscitation and patient care |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Technician announces arrival Medics |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Technician has command of the defibrillator protocols |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | Does the technician understand the proper operation of their machine |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Is scene safety a top consideration during resuscitation |

Instructor's Comments and Notes:

Instructor's Printed Name: _____

Instructor's Signature: _____