Pre-Hospital Emergency Care Council								Mechanical CPR Yes No				Doctor In Attendance Yes No					
Pre-Hospital Emergency Care Council		CFR	KEP(JKI				Initial Arrest RI	ıythm	Shockable	Shockable Unshockable			Medication Treatment			
		Incid	ont I	nform	ation			Specify: (If Know	n)								
Date of Call		Inclu		Call P			Time at scene					7		A			
DD MI	M Y	YYY	Н				HH MM	Time First Arrest Rhythm Analysis		HH MM		HH	HH MM MEDICATION				
CC		INC	IDE	NT N	UMB	FR		Manual Defibri	llator	Yes No		9					
								Defibrillator Pa	ds	Yes No	PIN if Applicable				ROUTE	PIN/NAME	
INC		D	E	N	T			First Applied by		A 19 (1)	Dott						
1 0 /	- A	Augus	4	pro	3.1	$\overline{}$	-	Citizen	Fire	Auxiliary/Volunta	ry Other	*					
L 0 (- A		1	U	N			Responder Clinical Level	Garda	Practitioner		HH	MM				
								No Training	OFA	Paramedic	Doctor	9			_	_	
								Unknown Training	EFR	Adv. Paramedic	Other				ROUTE	PIN/NAME	
Home		nd.Place/	Premises	Recr. Or Sport Place		Place	Residential	BLS/CFR	EMT	Nurse	June				ROOTE	LIM MANNE	
Farm		Street Or R	load	Pul	blic Buildin	g	Other Places	Shock	LIII	nuise		4	1				
Patient Info	ormati	on			Name	Unk	nown				NAME OF THE PARTY	HH	MM		MEDICATION		
Date of Birth	D	D A	AM	YYYY	Gende	r M	F Age	Was shock advise			PIN if applicable						
C II E) N	Λ	A.A.	Е				Was shock delive		s No Defibrilla	tor Malfunction	8					
3 0 1	i ii	A	IVI					First delivered by							ROUTE	PIN/NAME	
FIID) (T		N	Δ	M	F	Citizen	Fire	Auxiliary/Volunta	ry Other						
10 (3)		1.5		1.4.	A.V.	1.4.1	lan .	Responder	Garda	Practitioner		J					
A D D) D	-	C	C				Clinical Level No Training	OFA	Paramedic	Doctor	Care N	lanageme	nt			
AUL	1 1%	line .	2	0				Unknown Training	EFR	Adv. Paramedic	Other	Oron	obarangoal	Airway (OPA)	Supraglottic Airwa	av (SGA) Suctio	
								BLS/CFR	EMT	Nurse	Oulei		pilalaligeal	All Way (OFA)	Supragiottic Airwe	y (SOA) Suctio	
						-											
								Total Shocks Delivered		Time First Shock Delive	red						
History Of Co	ronary	Dices	50		Voc	N	o Unknown	Return Of Spontage	ous Circulation (ROSC) at any stage	Yes No						
Chest Pain	, on any	Discu			Yes			Who First Achieve	The second secon	ito o cy at all y ota 50	ino			The second secon	SESSMENT	V	
Time Of Chest F) I	н	MM	T1	e Of Col					A 10 At L c		F	Yes No		Yes S	Yes T	
Collapse Wit			VIIVI	HIII				Citizen	Fire	Auxiliary/Volunta	other Other		140	1 1			
Witnessed by	nesseu				Yes	IN IN	0	Responder Clinical Level	Garda	Practitioner				ADDITIONAL	INFORMATION		
Citizen				Auxiliary/Voluntary			Other	No Training	OFA	Paramedic	Doctor						
Responder		Garda		Pra	actitioner			Unknown Training	EFR	Adv. Paramedic	Other						
Clinical Level								BLS/CFR	EMT	Nurse							
No Training		OFA		Paramedic			Doctor	Ooctor			7						
No. of the Contract of the Con	Unknown Training EFR		Adv. Parar			ic	Other										
BLS/CFR		EMT		Nu	rse	5		CPR in Progress	on Transfer	to Hospital	Yes No						
Chest Compr		5	Yes	No			PIN if Applicable	Spontaneous Ci	rculation On <i>I</i>	Arrival in ED if know	n Yes No						
Commenced by					ar art		Out.	Thomas and the second s	ADDITION	AL INFORMATION		CFR R	eport Ha	ndover		Yes No	
Citizen		Fire			xiliary/Volu	intary [Other	Care C				Thorac	nnlated CF	P Papart should	oe given to the am	hulanco convico	
Responder Clinical Level		Garda		Pra	actitioner	1.		/Suro to				THE COL	iipileileu Cr	n neport silouta	be given to the am	butance service.	
No Training		OFA		Pai	ramedic		Doctor	Emoil									
Unknown Trainin		EFR			v. Paramed	ic	Other	Hospit									
BLS/CFR	_	EMT		Nu			10,000.00	© Properties									
	НН	MM]			Н	MM	ion 2									
Time Started	пп	rvvrvv		Durati	on	П	IAIIAI	Edib						named I (See			