

AED Standing Order Prescription for Use

Date of Issuance: _____

Date of Expiration: _____

This document authorizes trained employees of:

(name of business or organization)

(address)

to utilize an Automated External Defibrillator (AED), in conjunction with CPR, to assist in the resuscitation of a victim who has collapsed and is unconscious, pulseless, apneic, or experiencing agonal respiration.

Individuals within the above organization who are designated and permitted to operate an AED must be trained in accordance with state and local regulations.

Personnel trained to respond to a cardiac arrest with an automated external defibrillation device must follow the manufacturer's operating procedure when in use.

(signature of medical director)

(address)