

Send this form to the PPCI Center with patient



# STEMI ALERT Data Sheet B

Apply Patient Sticker Here

Initial Referring Facility: \_\_\_\_\_

Date	ED Attending:
Patient Name	ED Nurse:
Patient MR#	<b>Goal Door-In to Door-Out (DIDO) &lt; 30min</b>

**Section I -Completed at the Referring Hospital**

Indicator	Time (please record)
<b>Time of onset of chest pain</b>	
Time patient arrived in ED	
<b>Time of first EKG:</b> in-hospital or pre-hospital (EMS)?	(Circle one and note time)
Time EKG read by ED or hospital attending	
Time STEMI ALERT called in ED	
<b>**Time thrombolytics given (if applicable)</b>	
Time STEMI ALERT notified at the PCI Center (physician)	
Time EMS notified for transport	
Name of EMS/Flight Agency	
Time EMS arrived at patient bedside	
Time EMS left the REFERRING HOSPITAL w patient	

**Medications given:** Aspirin: yes \_\_\_ no \_\_, dose: \_\_\_\_\_. Clopidogrel: yes \_\_\_ no \_\_, dose: \_\_\_\_\_.  
**Heparin** (preferred to LMWH): yes \_\_\_ no \_\_, dose: \_\_\_\_\_. **LMWH:** yes \_\_\_ no \_\_, dose: \_\_\_\_\_.  
**Others medications:** \_\_\_\_\_  
 Recommended doses if not contraindicated: Antiplatelets: ASA 162-325mg, & Clopidogrel: 300mg or 600mg (if naive to drug).  
 Anticoagulant: heparin: 60 u/kg (MAX: 4000u).

**Section II -Completed at the PPCI Center**

<b>Indicator:</b>	<b>Times:</b> Referring Center Performance: DI-DO time: _____
Time Cath-lab activated / STEMI ALERT called?	PPCI Center Performance:
Time patient arrived to the ED of the PCI Center?	D2C time: _____
Time patient arrived to the Cath-lab?	C2B time: _____
Lidocaine time:	
Time of coronary angiography of the culprit vessel if w TIMI-3:	Procedure difficulties &/or complications:
Time of 1st balloon inflation: _____.	D2B time: _____

<p><b>** ATTENTION **</b></p> <p><b>Send form with patient to PCI Center!</b></p> <p><b>After Cath-Lab procedure is done,</b></p> <p><b>place in the mailbox for designated</b></p> <p><b>STEMI-Champion.</b></p>	<p><b>Resource Numbers:</b>                  EMS ambulance service telephone #: ____-____-____.</p> <p>Preferred PPCI Receiving Center:                  Telephone#: ____-____-____.</p>	<p><b>Please provide comments</b> on the back of this form for Quality Improvement.</p> <p style="text-align: center;"><i>Thanks!</i></p>
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