

Send this form to the PCI Center with patient



STEMI ALERT Data Sheet

Apply Patient Sticker Here

Initial Referring Facility:

Date	ED Attending:
Patient Name	ED Nurse:
Patient MR#	Goal Door-In to Door-Out (DIDO) < 30min

Section I -Completed at the Referring Hospital

Indicator	Time (please record)
Time of onset of chest pain:	Mode of arrival: ___ EMS ___ Non-EMS
Time patient arrived in ED	
Time of first EKG: ___ in-hospital ___ pre-hospital (EMS)?	(Mark one and note time):
Time EKG read by ED or hospital attending	
Time STEMI ALERT called in ED	
**Time thrombolytics given (if applicable)	
Time STEMI ALERT notified at the PCI Center (physician)	
Time EMS notified for transport	
Name of EMS 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

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