

HOTRAC Regional STEMI Alert Form

Date _____ Symptom Onset Time: _____ Patient Name: _____ DOB: _____ Male Female

*****Regional Goal: 90 minutes or less from initial medical contact to balloon inflation.*****

EMS to complete this section

EMS Provider: _____

- Patient contact time: _____
- 12-lead administered Time: _____
- 12-lead transmitted to facility Time: _____
- O₂ _____ Lpm, via _____
- Started IV w/ _____ gauge
- 4 chewable baby aspirin (or equivalent) PO, unless contraindicated Time: _____

- NTG 0.4 mg SL q 5 minutes x 3, unless contraindicated Time: _____
- Other Treatment: _____

Medic Name (Printed): _____

Signature: _____

RURAL HOSPITAL to complete this section

- Patient arrived at _____ ED Time: _____
- Activate Code STEMI** Time: _____
- STAT EKG & continuous cardiac monitoring. Notify ED Physician: _____ Time: _____
- O₂ _____ Lpm, via _____
- Ensure 2 IV lines
- STAT lab: CBC, CMP, PT/PTT, CK, CKMB, Troponin I
- Chest Xray completed Time: _____
- 4 chewable baby aspirin (or equivalent) PO, unless contraindicated Time: _____
- NTG 0.4 mg SL q 5 minutes x 3, unless contraindicated Time: _____
- Other Treatment: _____
- IF STEMI or left bundle branch block, call for acceptance of **CODE STEMI** Time Called: _____ Accept rec'vd: _____
 - Hillcrest Providence Other: _____
- Thrombolytics given Drug/Dose: _____ Route: _____ Time: _____
- Contact EMS (ground or air) for priority transfer Provider: _____ Time called: _____
- EMS arrived Time: _____ Patient leaves ED Time: _____
- Call Cardiologist when patient has left facility.

Nurse Name (Printed): _____

Signature: _____

TRANSFER – TRANSPORTING AGENCY:

- Other Treatment: _____
- Status Change(s): _____

Signature: _____

CATH LAB to complete this section

- Patient arrives in Cath Lab: _____
- Arrival of Interventionalist: _____
- First Lesion Access: _____
- Reperfusion time/intervention complete: _____ / _____
- ICU Notified for Room: _____
- Patient leaves Cath Lab: _____

Nurse Name (Printed): _____

Signature: _____

STEMI FACILITY to complete this section

- Patient arrived at _____ ED Time: _____
- Activate Code STEMI** Time: _____
- STAT EKG Time: _____ & continuous cardiac monitoring. Notify Cardiologist: _____ Time called: _____ Time Arrived: _____
- O₂ _____ Lpm, via _____
- Ensure 2 IV lines
- STAT lab: CBC, CMP, PT/PTT, AMIP
- Chest Xray completed Time: _____
- 4 chewable baby aspirin (or equivalent) PO, unless contraindicated Time: _____
- NTG 0.4 mg SL q 5 minutes x 3, unless contraindicated Time: _____
- Other Treatment: _____
- Thrombolytics given Drug/Dose: _____ Route: _____ Time: _____
- Prep Patient for Cath:
 - Remove all patient's clothes; hospital gown only
 - Name/allergy bands on patient
 - IV x 2 with extension tubing
 - IV: NS at KVO rate for primary line
 - Clip patient's groin bilaterally
 - Place radiotransparent defibrillation pads at the right sub-clavicular and the left axillary areas (NOT over heart)
 - Connect patient to the portable monitor
 - Portable O₂ tank on stretcher
 - Place consent on chart; ensure patient has signed consent after explanation from cardiologist
 - Place label on front of chart and ensure appropriate paper is included.
- Patient leaves ED for Cath Lab. Time: _____

Nurse Name (Printed): _____

Signature: _____

Place patient label here