



SUSPECTED ST-Elevation MI (STEMI) Report

Field Section:

1. Medic Unit number: _____ Paramedic(s): _____
2. Date: _____ Patient Age: _____ Patient Gender: Male Female
3. Field 12-Lead ECG Interpretation: _____
4. Hospital(s) bypassed to come to STEMI Receiving Center: _____
5. Time of 1st prehospital ECG: _____ Time call dispatched: _____

Attach copies of EKG and PCR and give to receiving staff

Emergency Department Section:

6. Hospital: _____ Person completing form: _____
 7. Was the field 12-Lead ECG interpretation confirmed in ED? Yes No
 8. If "No", ED physician interpretation: _____
 9. Did patient go to Cath Lab? Yes No
If no, reason for delay: _____
 10. If not, did the patient receive IV fibrinolytics? Yes No
If not, why not? _____
 11. Time STEMI Receiving Center notified of patient by Base Hospital (Base Hospital Contact time): _____
 12. Time of patient arrival in Emergency Department: _____
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Cardiology Cath Lab Section:

13. Time Cardiologist notified: _____ Time Cath Lab notified: _____
14. Was the door-to-balloon time 90 minutes or less? Yes No
15. Time to reperfusion (balloon, inflation/stent; include also time to pacemaker and/or intra-aortic balloon pump):

16. Immediate outcome (within 48 hours): Lived Died

When all sections have been completed, FAX to the REMSA STEMI Coordinator at 951-358-5160

