STEMI ALERT EMS WORK SHEET

PATIENT NAME_____ **DATE**_____ **SERVICE**_____ **RUN#**_____

Time of Call:_____ At PatienT Time:_____

12 Lead Transmitted:_____ ED Contact Time:_____

Enroute to ED/Cath:_____ ED/Cath ARrival Time:_____

Treatment

IV x 2: Y N Location_____

Medication	Time/Dose	Time/Dose	Time/Dose	Time/Dose
Oxygen				
Aspirin				
Nitro				
Nitro				
Morphine				
Plavix				
Heparin				
Metoprolol				

Pertinent Assessment Findings:

PROVOCATION: NONE BREATHING MOVEMENT PALPATION EXCERTION

QUALITY: SHARP DULL ACHE STABBING HEAVINESS PRESSURE BURNING

RADIATION: NONE ARMS / WRIST NECK / JAW BACK

REGION: CHEST EPIGASTRIC ABD BACK L-ARM R-ARM

SEVERITY (0-10 SCALE):_____

OTHER SYMPTOMS:_____

TIME OF ONSET OF SYMPTOMS_____ am / pm

TIME OF DURATION OF SYMPTOMS:_____ min / hrs / days

	Yes	No	Description
Allergies			
Hx of Cancer			
Hx of Cardiac Disease			
Other Pertinent Hx			
Family Cardiac Hx.			
Hx of Stroke/CVA. Head Bleed			
Recent Surgery			
Bleeding Disorder (GI, Ulcer, Etc)			
Possibly Pregnant			
Problems with Aorta			
Taking Blood Thinners. (Coumadin, or other)			

NOTES:

Time	B/P	P	R	Spo2	Pain (1-10)