AURORA SOUTH EMS
STEMI / Cardiac Alert Check List

PATIENT NAME: _________________________________RUN # __________ DOB __________

BASELINE VITALS: B/P __________ P __________ R __________ O2 SAT __________

DATE OF ONSET: __________ TIME OF ONSET: __________ 911 CALL TIME: __________

TIME AT PT: __________ TIME EKG DONE: __________ ER ARRIVAL: __________

Completed

1. PATIENT WITH CHEST PAIN / DISCOMFORT CONSISTENT WITH AN ACUTE CORONARY SYNDROME!!

   OR (NOTE DATE AND TIME OF ONSET OF SYMPTOMS)

2. OTHER CLASSIC SYMPTOMS CONSISTENT WITH ACUTE CORONARY SYNDROME!! (DYSPNEA, SYNCOPE, DIZZINESS, DIAPHORESIS, N & V)

3. A PRE-HOSPITAL 12 LEAD EKG HAS BEEN DONE!!

   ø (WAS IT TRASMITTED TO HOSPITAL?)

4. NO LEFT BUNDLE BRANCH BLOCK OR WIDE QRS!!

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5. NOT A PACED RHYTHM!

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6. Greater than 1MM ST SEGMENT ELEVATION IS PRESENT IN AT LEAST TWO (2) ANATOMICALLY CONTIGUOUS LEADS!!

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7. INITIATED CHEST PAIN PROTOCOL AND MEDS

   ALL OF THE ABOVE CRITERIA MUST BE CHECKED IN ORDER TO ACTIVATE A "STEMI/CARDIAC ALERT" FROM THE FIELD. IF ANY OF THE ABOVE CRITERIA CAN NOT BE CHECKED OFF, THEN A "STEMI/CARDIAC ALERT" CAN NOT BE CALLED IN FROM THE FIELD!!

   ☐ IV ☐ O2 ☐ MONITOR

   ☐ NTG Time: _______ Time: _______ Time: _______ Time: _______ Time: _______

   ☐ ASA Time: ______________

   ☐ MORPHINE Time: _______/dose _____ mg Time: _______/dose _____ mg Time: _______/dose _____ mg

   ☐ FENTANYL Time: _______/dose _____ mcg Time: _______/dose _____ mcg Time: _______/dose _____ mcg

   ☐ DILAUDID Time: _______/dose _____ mg Time: _______/dose _____ mg Time: _______/dose _____ mg

   ☐ KETAMINE Time: _______/dose _____ mg Time: _______/dose _____ mg Time: _______/dose _____ mg

   ☐ OTHER Time: ______________

   ☐ OTHER Time: _______/dose

   ☐ OTHER Time: _______/dose

Repeat VITALS: B/P __________ P __________ R __________ O2 SAT __________