



Sample EMS STEMI Guide Sheet

Apply Patient
Sticker Here

Date:	EMS Agency: Sample
Patient Name:	Destination Hospital: Sample

	EMS: Utilize this form for all patients with ECG's suggestive of STEMI
	Fore each STEMI, review the following instructions and complete as able. Upon arrival at destination hospital, please hand sheet to the physician caring for the patient.
	Dx. Patient has a probable STEMI, based on the following information: (circle one) (1) ECG transmitted to receiving facility and over-read by ED physician (2) ECG interpretation by EMS personnel at the scene (3) ECG machine algorithm read stating "acute injury pattern" or "acute infarct"
	If none of the above applies, transport per established protocols. In general, do not divert non-STEMI chest pain, SOB or other cardiac problems from their original destination.
	ECG transmittal. If a probable STEMI is identified, commence transport and attempt to make radio contact with the receiving facility. If applicable, attempt to transmit ECG. Do not unreasonably delay transport to transmit ECG. Do you have ECG transmittal capability? Y / N If so, did it work? Y / N? (circle one) Name of receiving facility:
	. Attempt to collect the following information and relay it to the ED physician on contact. <ul style="list-style-type: none"> • Patient age and DNR status • Time of onset of pain? • Primary doctor? Y / N Name: _____ • Cardiologist? Y / N Name: _____ • Is the patient on coumadin? Y / N • Any history of prior MI / stent/ CABG / renal failure? Y / N Describe: • Did the patient have extended CPR, intubation, arrest or multiple defibs in route? Y / N • Any hx of stroke, bleeding problems or recent closed head injury? Y / N
	Once you have radio contact, tell them you have a possible STEMI and ask to talk to the ED physician immediately. Be prepared to discuss ECG findings and the above information
	If you are unable to establish medical contact with STEMI receiving facility, continue to attempt contact them during transport. In addition you may attempt med command with your usual destination hospital. They will help assist in contacting the STEMI receiving center.
	Upon arrival, please give this information to the physician caring for the patient. Also give them a copy of the pre-hospital ECG (if applicable) Thanks!
	Vital information like phone numbers, etc, placed here
	Please write comments of back of this form. They will be used for QI purposes.