

# HOTRAC Regional STEMI Alert Form

Date \_\_\_\_\_ Symptom Onset Time: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female Ethnicity: \_\_\_\_\_

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

EMS to complete this section	Mode: <input type="checkbox"/> air <input type="checkbox"/> ground
<p><b>EMS Provider:</b> _____ <input type="checkbox"/> Check if EMD Dispatch</p> <p><input type="checkbox"/> Patient contact time: _____</p> <p><input type="checkbox"/> 12-lead administered Time: _____</p> <p><input type="checkbox"/> 12-lead transmitted to facility Time: _____</p> <p><input type="checkbox"/> O<sub>2</sub> _____ Lpm, via _____</p> <p><input type="checkbox"/> Started IV w/ _____ gauge</p> <p><input type="checkbox"/> 4 chewable baby aspirin (or equivalent) PO, unless contraindicated Time: _____</p>	<p><input type="checkbox"/> NTG 0.4 mg SL q 5 minutes x 3, unless contraindicated Time: _____</p> <p><input type="checkbox"/> Other Treatment: _____</p> <p><input type="checkbox"/> Air Notified: _____ Time Called/Arrived: ____/____</p> <p><b>Medic Name (Printed):</b> _____</p> <p><b>Signature:</b> _____</p>

Non-PCI Facility to complete this section
<p><input type="checkbox"/> Patient arrived at _____ ED Time: _____</p> <p><input type="checkbox"/> <b>Activate Code STEMI</b> Time: _____</p> <p><input type="checkbox"/> STAT EKG &amp; continuous cardiac monitoring. Notify ED Physician: _____ Time: _____</p> <p><input type="checkbox"/> O<sub>2</sub> _____ Lpm, via _____</p> <p><input type="checkbox"/> Ensure 2 IV lines</p> <p><input type="checkbox"/> STAT lab: CBC, CMP, PT/PTT, CK, CKMB, Troponin I</p> <p><input type="checkbox"/> Chest Xray completed Time: _____</p> <p><input type="checkbox"/> 4 chewable baby aspirin (or equivalent) PO, unless contraindicated Time: _____</p> <p><input type="checkbox"/> NTG 0.4 mg SL q 5 minutes x 3, unless contraindicated Time: _____</p> <p><input type="checkbox"/> Other Treatment: _____</p> <p><input type="checkbox"/> IF STEMI or left bundle branch block, call for acceptance of <b>CODE STEMI</b> Time Called: _____ Accept rec'vd: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Hillcrest <input type="checkbox"/> Providence <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Thrombolytics given Drug/Dose: _____ Route: _____ Time: _____</p> <p><input type="checkbox"/> Contact EMS (ground or air) for priority transfer Provider: _____ Time called: _____</p> <p><input type="checkbox"/> EMS arrived Time: _____ Patient leaves ED Time: _____</p> <p><input type="checkbox"/> Call Cardiologist when patient has left facility.</p> <p><b>Nurse Name (Printed):</b> _____</p> <p><b>Signature:</b> _____</p>

<p><b>TRANSFER – TRANSPORTING AGENCY:</b> _____</p> <p><input type="checkbox"/> Other Treatment: _____</p> <p><input type="checkbox"/> Status Change(s): _____</p> <p><b>Signature:</b> _____</p>
---

CATH LAB to complete this section
<p><input type="checkbox"/> Time Notified Cath Lab: _____ Spoke with: _____</p> <p><input type="checkbox"/> Patient arrives in Cath Lab: _____</p> <p><input type="checkbox"/> Arrival of Interventionalist: _____</p> <p><input type="checkbox"/> Procedure start time: _____</p> <p><input type="checkbox"/> First Lesion Access: _____</p> <p><input type="checkbox"/> Reperfusion time: _____</p> <p><input type="checkbox"/> Patient leaves Cath Lab: _____</p> <p><b>Nurse Name (Printed):</b> _____</p> <p><b>Signature:</b> _____</p>

PCI FACILITY to complete this section
<p><input type="checkbox"/> Patient arrived at ED Door: <input type="checkbox"/> Hillcrest <input type="checkbox"/> Providence Time: _____</p> <p><input type="checkbox"/> <b>Activate Code STEMI</b> Time: _____</p> <p><input type="checkbox"/> STAT EKG Time: _____ &amp; continuous cardiac monitoring. Notify Cardiologist: _____ Time called: _____ Time Arrived: _____</p> <p><input type="checkbox"/> O<sub>2</sub> _____ Lpm, via _____</p> <p><input type="checkbox"/> Ensure 2 IV lines</p> <p><input type="checkbox"/> STAT lab: CBC, CMP, PT/PTT, AMIP</p> <p><input type="checkbox"/> Chest Xray completed Time: _____</p> <p><input type="checkbox"/> 4 chewable baby aspirin (or equivalent) PO, unless contraindicated Time: _____</p> <p><input type="checkbox"/> NTG 0.4 mg SL q 5 minutes x 3, unless contraindicated Time: _____</p> <p><input type="checkbox"/> Other Treatment: _____</p> <p><input type="checkbox"/> Thrombolytics given Drug/Dose: _____ Route: _____ Time: _____</p> <p><input type="checkbox"/> Prep Patient for Cath:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Remove all patient's clothes; hospital gown only</li> <li><input type="checkbox"/> Name/allergy bands on patient</li> <li><input type="checkbox"/> IV x 2 with extension tubing</li> <li><input type="checkbox"/> IV: NS at KVO rate for primary line</li> <li><input type="checkbox"/> Clip patient's groin bilaterally</li> <li><input type="checkbox"/> Place <u>radiotransparent defibrillation pads</u> at the right sub-clavicular and the left axillary areas (NOT over heart)</li> <li><input type="checkbox"/> Connect patient to the portable monitor</li> <li><input type="checkbox"/> Portable O<sub>2</sub> tank on stretcher</li> <li><input type="checkbox"/> Place consent on chart; ensure patient has signed consent after explanation from cardiologist</li> <li><input type="checkbox"/> Place label on front of chart and ensure appropriate paper is included.</li> </ul> <p><input type="checkbox"/> Patient leaves ED for Cath Lab. Time: _____</p> <p><b>Nurse Name (Printed):</b> _____</p> <p><b>Signature:</b> _____</p>

Place patient label here

Discharge:  Home  Rehab/LTAC  NH  Hospice  Death

white – PCI Facility    yellow – RAC    pink – Transporting EMS    green – Transferring Facility    gold – 9-1-1 EMS

## **Heart of Texas Regional Advisory Council STEMI Alert Form – Standard Usage Guidelines**

Every HOTRAC facility and 9-1-1 EMS Provider will maintain copies of the HOTRAC Regional STEMI Alert Form in the Emergency Departments and trucks/helicopters respectively. When a suspected STEMI patient presents, that entity will initiate the HOTRAC Regional STEMI Alert Form.

The HOTRAC Regional STEMI Alert Form will be completed on any patient with a suspected STEMI or Left Bundle Branch Blockage. For the purposes of this program the 'STEMI patient' shall be defined as any patient presenting with symptoms of an acute myocardial infarction and/or left bundle branch blockage and/or 1mm of ST-elevation in two contiguous EKG leads (STEMI).

The HOTRAC Regional STEMI Alert Form is intended to document required information for the regional STEMI facilities as well as serve as the tool for the regional STEMI quality improvement process and loop closure. The form shall remain intact until discharge from PCI facility, who will then forward appropriate pages to others involved in case.

### **Initial EMS Provider**

- The EMS provider will obtain a STEMI Alert form and complete the top portion of the form titled "EMS to complete this section".
- The EMS provider shall complete the section fully.
- The EMS provider shall attach a copy of the initial 12 lead. The 12 lead shall be noted with the patient's name and date of birth. Initial 12 lead should be transmitted immediately, if capable.
- If additional documentation is required, a copy of the run sheet may be attached to the EMS copy and forwarded to HOTRAC. HOTRAC will forward copies of additional documentation as appropriate.
- The paramedic/flight nurse must sign the completed section.

### **Non-PCI Facility**

- When the patient arrives at a non-PCI facility, the non-PCI facility shall complete the section titled "Non-PCI Facility to complete this section".
- If the patient presents directly at the facility by his/her own means, the facility shall mark "N/A" across the EMS Section.
- The attending nurse must sign the completed section.

### **Transferring EMS Provider**

- When the patient is transferred from a non-PCI facility to a regional STEMI facility, the transferring EMS provider (ground or air medical) shall complete the section titled "Transfer-Transporting Agency".
- If additional documentation is required, a copy of the run sheet shall be attached to the EMS copy and forwarded to HOTRAC to be attached to the regional copy. HOTRAC will forward copies of additional documentation as appropriate.
- The paramedic/flight nurse must sign the completed section.

### **PCI Facility**

- When the patient arrives at a regional PCI facility, the PCI facility shall complete the section titled "PCI Facility to complete this section".
- If the patient presents directly at the facility by his/her own means, the facility shall mark "N/A" across the EMS, Rural Facility, and Transfer Section.
- The attending nurse must sign the completed section and place a patient label at the bottom of the form.
- Upon signature, the form shall follow the patient to the cath lab.

### **Cath Lab**

- Once the patient arrives in the cath lab, the section titled "Cath Lab to complete this section" shall be completed by cath lab staff.
- The attending nurse must sign the completed section.
- Upon signature, the copies shall be forwarded to all involved entities upon completion for the regional quality improvement process. *The PCI facility shall maintain the original (top) sheet as part of the facility's record.*