



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. If patient bypassed for other than an "acute MI suspected" on a field ECG, please indicate reason:

Attach copies of EKG and PCR and give to nurse

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: _____
12. Time of patient arrival in Emergency Department: _____

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 pacemaker, Intra-aortic balloon pump if done first): _____
16. Immediate Outcome (within 48 hours): Lived Died

Fax form to:

Riverside County EMS Agency
FAX: (951) 358-5160 Phone: (951) 358-5029
Attention: Laura Wallin, EMS Specialist,