PROJECT
UPSTART
Excellence in R2R

STEMI ALERT
Data Sheet
[your hospital name]

Date	**ED Provider:**
Patient Name:	**Pt's Cardiologist:** (if known)
Patient DOB:	**ED Nurse:**
Patient MR#:	**Mode of Transport into ED:**
Pt pick up location:	**Ambulance Service:**

Section I -completed by ED staff

Indicator		Time
Time from continuous chest pain onset to ED presentation:		
1st ECG done by EMS prior to arrival? **Y / N**	Time of field ECG:	
If so, was that ECG transmitted to the ED? **Y / N**	Time transmitted:	
Time patient arrived in the ED:		
Time of first ECG in the ED:		
Time of first evaluation by ED Physician:		
Meds:	ASA: (Dose/route)	____:____
Thrombolytic (Type/Dose) *if given* ____:____	First Beta blocker: (Dose/route)	____:____
Clopidogrel (Dose) ____:____	Heparin bolus: (Dose)	____:____
Other: ____:____	Other:	____:____
Time STEMI Alert called:		
Time DHMC Cardiologist paged: **Y / N**		
Did ED provider activate cath Lab? **Y / N**		
Time patient left ED:		
Mode of transport of patient leaving ED:		

Remember, this form and copy of ECG goes with patient to Cath Lab
(If pt doesn't go to DHMC, please fax sheet as instructed below.)

Section II -completed by cath lab staff

Indicator	Time
Time patient arrived in cath lab room (table time)	
Prep Complete:	
Case Start:	
First device time:	

ATTENTION:
FAX completed sheet attn Sheila Conley 603-650-0640

Please comment
on what went well/could be improved below or on the back of this form for QI and improving the next STEMI.