



El Dorado County Emergency Medical Services Agency

2900 Fair Lane Court

Placerville, CA 95667

Phone: (530) 621-6500 / Confidential Fax (530) 621-2758

ST-Segment Elevation Myocardial Infarction (STEMI) Report

To be completed for each EDCEMSA "STEMI Alert" and/or patient with STEMI per prehospital or hospital ECG.

Identifying Information: (Medic)

Receiving Hospital:		Patient Medical Record #	
Transporting Agency:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:
Medic Unit #	PCR #	PCR left with patient: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Clinical Information: (Receiving Facility)

Symptom onset date:	Symptom onset time:
ED arrival date:	ED arrival time:
STEMI ALERT" called by EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of hospital "STEMI ALERT":
Was prehospital ECG STEMI confirmed by ED MD / DO: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
ECG received from EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Door-to-first ED ECG time:	ED ECG Confirmed STEMI: <input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer time to cath lab:	First intervention date and time:
Type of intervention: <input type="checkbox"/> PCI <input type="checkbox"/> Thrombectomy <input type="checkbox"/> Thrombolysis <input type="checkbox"/> Other:	
If PCI not done, state reason:	
If delay in PCI, state reason:	
EMS diagnosis of STEMI and activation of cath lab for intended primary PCI: <input type="checkbox"/> Yes <input type="checkbox"/> No	
a) Acute catheterization not done due to alternate diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Acute catheterization done and found to have no significant coronary lesion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person completing this form:	Date form sent to EDCEMSA:

INSTRUCTIONS: Send completed form to EDCEMSA via confidential fax (530) 621-2758 or email to richard.todd@edcgov.us within 10 days