



**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**

Hospital:	Method of Arrival: <input type="checkbox"/> Walk In <input type="checkbox"/> EMS <input type="checkbox"/> IFT <input type="checkbox"/> Inpatient
Patient Medical Record #	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:
EMS Incident/PCR #: <input type="checkbox"/> N/A	PCR left with patient: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>EMS Transport Provider:</b> <input type="checkbox"/> N/A	
<b>EMS Agency(s) Performing 12-Lead(s):</b> <input type="checkbox"/> N/A	

**Clinical Information**

“STEMI ALERT” called by EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Time of hospital “STEMI ALERT”:
ED arrival date:	ED arrival time:
Symptom onset date:	Symptom onset time:
ECG transmitted correctly by EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Comments:	
If EMS arrival, was prehospital ECG STEMI confirmed by ED MD / DO: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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:	
Interventional Cardiologist and/or ER Physician ( <i>optional</i> ):	
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 <input type="checkbox"/> N/A	
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**