PMT FORM SELECTION

Legend:

**BOLD** = Required

^ = MLL Data Element

<table>
<thead>
<tr>
<th>Admin (Tab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>^Patient ID: ___________________</td>
</tr>
<tr>
<td>DOB: <em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>^Arrival Date/Time: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>□ American Indian or Alaska Native</td>
</tr>
<tr>
<td>□ Asian</td>
</tr>
<tr>
<td>□ Asian Indian</td>
</tr>
<tr>
<td>□ Chinese</td>
</tr>
<tr>
<td>□ Filipino</td>
</tr>
<tr>
<td>□ Korean</td>
</tr>
<tr>
<td>□ Other Asian</td>
</tr>
<tr>
<td>Race:</td>
</tr>
<tr>
<td>Hispanic Ethnicity</td>
</tr>
<tr>
<td>If yes, □ Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td>□ Cuban</td>
</tr>
<tr>
<td>Cardiac Diagnosis:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pre-Hospital</td>
</tr>
<tr>
<td>^Means of transport to first facility:</td>
</tr>
<tr>
<td>EMS Agency name/number: ___________________</td>
</tr>
<tr>
<td>Run/Sequence number: ___________________</td>
</tr>
<tr>
<td>Pre-Hospital Time Tracker</td>
</tr>
<tr>
<td>^EMS First Medical Contact: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>EMS Dispatch: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>EMS depart scene: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>Method of 1st notification: O ECG Transmission O Phone call O Radio</td>
</tr>
<tr>
<td>Transfers</td>
</tr>
<tr>
<td>^Transferred from other ED?</td>
</tr>
<tr>
<td>Transferring Facility: ___________________</td>
</tr>
<tr>
<td>Transfer Time Tracker</td>
</tr>
<tr>
<td>^Arrival at outside hospital: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>Transport Arrived Date/Time: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>Mode of transport from outside facility</td>
</tr>
<tr>
<td>Inter-facility transport EMS Agency name/number: ___________________</td>
</tr>
<tr>
<td>ECG</td>
</tr>
<tr>
<td>1st ECG Date/Time: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>^STEMI or STEMI Equivalent?</td>
</tr>
<tr>
<td>^If yes, STEMI or STEMI equivalent first noted:</td>
</tr>
<tr>
<td>O Subsequent ECG</td>
</tr>
<tr>
<td>If subsequent ECG, Date/Time of positive ECG: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>Arrival</td>
</tr>
<tr>
<td>Symptom onset Date/Time: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
<tr>
<td>Patient first evaluated:</td>
</tr>
<tr>
<td>If ED, Transfer out Date/Time: <em><strong>/</strong></em>/_____ <em><strong>:</strong></em></td>
</tr>
</tbody>
</table>

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For questions, call 888-526-6700
## Hospitalization

### Reperfusion

<table>
<thead>
<tr>
<th>Reperfusion Candidate?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, primary reason:</td>
<td>O No ST Elevation/LBBB</td>
<td>O Chest pain resolved</td>
</tr>
<tr>
<td></td>
<td>O MI diagnosis unclear</td>
<td>O MI symptoms &gt;2hrs</td>
</tr>
</tbody>
</table>

### Thrombolytics?

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

### If yes, Dose Start Date/Time:

| / / / |

^Documented non-system reason or delay?

<table>
<thead>
<tr>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
</table>

If yes, reason (check all that apply)

- Cardiac Arrest
- Intubation
- Patient refusal

### Primary PCI?

| O Yes | O No |

### PCI Time Tracker

<table>
<thead>
<tr>
<th>Cath Lab Activation:</th>
<th>/ / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Arrival to Cath Lab:</td>
<td>/ / /</td>
</tr>
<tr>
<td>Attending Arrival to Cath Lab:</td>
<td>/ / /</td>
</tr>
<tr>
<td>Team Arrival to Cath Lab:</td>
<td>/ / /</td>
</tr>
<tr>
<td>First PCI Date/Time:</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

### PCI Indication

| O Primary PCI for STEMI | O PCI for STEMI (stable after successful full-dose lytic) | O PCI for STEMI (unstable, >12 hr from sx onset) | O PCI for STEMI (stable, >12 hr from sx onset) |
| O PCI for STEMI (stable after successful full-dose lytic) | O Rescue PCI for STEMI (after failed full-dose lytic) |

### Non-system reason for delay?

- O Difficult vascular access
- O Cardiac arrest and/or need for intubation
- O Patient delays in providing consent
- O Difficulty crossing the culprit lesion
- O Other

### Reperfusion Contraindications

<table>
<thead>
<tr>
<th>^Reasons for not performing PCI</th>
<th>^Reasons for not administering lytics</th>
</tr>
</thead>
<tbody>
<tr>
<td>O Known bleeding diathesis</td>
<td>O Severe uncontrolled hypertension</td>
</tr>
<tr>
<td>O Ischemic stroke w/in 3 months except acute ischemic stroke w/in 3hrs</td>
<td>O DNR at time of treatment decision</td>
</tr>
<tr>
<td>O Recent bleeding within 4 weeks</td>
<td>O Traumatic CPR that precludes thrombolytics</td>
</tr>
<tr>
<td>O Any prior intracranial hemorrhage</td>
<td>O Expected DTB &lt; 90 minutes</td>
</tr>
<tr>
<td>O Suspected aortic dissection</td>
<td>O No reason documented</td>
</tr>
<tr>
<td>O Recent surgery/trauma</td>
<td>O Thrombolytic Administered</td>
</tr>
<tr>
<td>O Significant close head or facial trauma within previous 3 months</td>
<td>O Not performed</td>
</tr>
<tr>
<td>O Active peptic ulcer</td>
<td>O No reason documented</td>
</tr>
<tr>
<td>O Pregnancy</td>
<td>O Other</td>
</tr>
<tr>
<td>O Intracranial neoplasm, AV malformation, or aneurysm</td>
<td>O Other</td>
</tr>
<tr>
<td>O Prior allergic reaction to thrombolytics</td>
<td>O Other</td>
</tr>
</tbody>
</table>

### Hospitalization

<table>
<thead>
<tr>
<th>Aspirin within 24 hours of arrival?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td>^Antithrombotic taken in 24hrs prior to arrival?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td>^History of Smoking?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>^LVF Assessment _____________%</th>
<th>Obtained:</th>
</tr>
</thead>
<tbody>
<tr>
<td>O This Admission</td>
<td>O W/in the last year</td>
</tr>
<tr>
<td>O W &gt; 1 year ago</td>
<td>O Other</td>
</tr>
</tbody>
</table>

### Discharge

<table>
<thead>
<tr>
<th>Discharge Date/Time:</th>
<th>/ / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Status</td>
<td>1 - Home</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td>2 - Hospice-Home</td>
</tr>
<tr>
<td></td>
<td>3 - Hospice-Healthcare Facility</td>
</tr>
<tr>
<td></td>
<td>4 - Acute Care Facility</td>
</tr>
<tr>
<td></td>
<td>5 - Other Health Care Facility</td>
</tr>
<tr>
<td></td>
<td>6 - Expired</td>
</tr>
<tr>
<td></td>
<td>7 - Left Against Medical Advice/AMA</td>
</tr>
<tr>
<td></td>
<td>8 - Not Documented or Unable to Determine (UTD)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>^Smoking Cessation Counseling?</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>^ACEI at discharge</td>
<td>Prescribed</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Contraindicated</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^ARB at discharge</td>
<td>Prescribed</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Contraindicated</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Beta Blocker at discharge</td>
<td>Prescribed</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Contraindicated</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>^Statin at discharge</td>
<td>Prescribed</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Contraindicated</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<td>☐ Yes ☐ No</td>
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