

Patient ID:

Gender:

Date of Birth:

Patient Zip Code:

Payment Source:

**Race and Ethnicity**

	American Indian or Alaska Native	Native Hawaiian or Pacific Islander
	Black or African American	Native Hawaiian
	White	Guamanian or Chamorro
<b>Race</b>	Asian	Samoan
	Asian Indian	Other Pacific Islander
	Chinese	UTD
	Filipino	
	Japanese	
	Korean	
	Vietnamese	
	Other Asian	

**Hispanic Ethnicity:** Yes No/UTD

**If Yes,** Mexican, Mexican American, Chicano/a  
Cuban  
Puerto Rican  
Another Hispanic, Latino, or Spanish Origin

**Administrative**

Attending Physician/Provider NPI:

^Arrival Date/Time:

Admission Date:

Not admitted, transferred out another acute care facility. ( )

^Patient first evaluated: ED Cath Lab Other

Date/Time of ED discharge/transfer out

**ED Physician**

Cardiac Diagnosis:

Pre-Hospital

^Means of transport to first facility: Air Ambulance Walk-in

EMS Agency Name/Number

Run/Sequence number:

**Cardiac Arrest prior to Arrival?** Yes No

**Was bystander CPR performed?** Yes No

**Was therapeutic hypothermia initiated during this episode of care:** Yes No

### Pre-Hospital Time Tracker

**^EMS First Medical Contact:** MM:DD:YYYY HH:MM

**Non-EMS First Medical Contact:** MM:DD:YYYY HH:MM

**^EMS Non-System Reason for Delay:** ( )

**EMS Dispatch:** MM:DD:YYYY HH:MM

**EMS arrive on scene:** MM:DD:YYYY HH:MM

**EMS depart scene:** MM:DD:YYYY HH:MM

**Destination Pre-arrival alert or notification:** MM:DD:YYYY HH:MM

**Method of 1st notification:** ECG Transmission Phone call Radio

### Transfers

**^Transferred from other facility?** Yes No

**Transferring Facility:**

### Transfer Time Tracker

**^Arrival at First hospital:** MM:DD:YYYY HH:MM

**Transport requested:** MM:DD:YYYY HH:MM

**Transport Arrived Date/Time:**

**Transfer out:** MM:DD:YYYY HH:MM

**Facility the patient was transferred to:**

**Mode of transport:** Air Ambulance

**Inter Facility Transport EMS Agency name/number**

**ECG**

**1st ECG Date/Time:**

**1st ECG obtained:**      Prior to hospital arrival      After first hospital arrival

**^1st ECG Non-System Reason for Delay:** (   )

**^STEMI or STEMI Equivalent?**    Yes    No

**If Yes, STEMI or STEMI equivalent first noted:**    First ECG    Subsequent

**If No, Other ECG Findings:**    New or presumed new ST depression      Transient ST elevation lasting < 20 minutes

**Arrival**

**Symptom onset Date/Time:**

**Heart rate documented on first medical contact**

**Heart failure documented on first medical contact:**    Yes    No

**Cardiogenic shock documented on first medical contact:**    Yes    No

**^Patient Current Medications:**    Dabigatran    Rivaroxaban    Apixaban    Warfarin    None    ND

**Initial Serum Creatinine (mg/dL)**

**^Aspirin within 24 hours of arrival?**    Yes    No

**^Positive cardiac biomarkers in the first 24 hours?**    Yes    No

**^History of Smoking?**    Yes    No

**History of Peripheral artery disease?**    Yes    No

**Reperfusion**

**Reperfusion Candidate?**    Yes    No

**If no, primary reason:**    No ST Elevation/LBBB    Chest pain resolved    ST elevation resolved    MI diagnosis unclear  
MI symptoms >12 hrs    No chest pain    Other

**^Thrombolytics?**    Yes    No

**^If yes, Dose Start Date/Time:**

**^Documented non-system reason for dealy-thrombolytics?**    Yes    No

**If no, Reason for not administering a thrombolytic**

PCI? Yes No

**Physician Interventionalist**

Reasons for not performing PCI

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**PCI Time Tracker**

Cath Lab Activation:

Patient Arrival to Cath Lab:

Attending Arrival to Cath Lab:

Team Arrival to Cath Lab:

^First PCI Date/Time

^PCI Indication

^Non-system reason for delay - PCI?

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**Hospitalization**

^LVF Assessment (%)

Obtained:

LDL Not Documented ( )

^CABG During This Admission: Yes No

^LDL Cholesterol Value (mg/dl):

**Discharge Information**

Discharge Date/Time:

^Discharge Status:

^Comfort Measures Only

**Referrals/Counseling**

^Patient Referred to Cardiac Rehab? Yes No

^Smoking Cessation Counseling? Yes No

## Discharge Medications

### ^ACEI at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

### ^ARB at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

### ^Aspirin at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

Dose:

Frequency;

### ^Clopidogrel at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

Dose:

Frequency;

### ^Prasugrel at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

Dose:

Frequency;

### ^Ticagrelor at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

Dose:

Frequency;

### ^Ticlopidine at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

Dose:

Frequency;

### ^Anticoagulation at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

**Class:** Warfarin

Direct Thrombin Inhibitor  
Factor Xa Inhibitor

**Medication:**

### ^Beta Blocker at discharge

**Prescribed** Yes No

**Contraindicated** Yes No

### ^Statin at discharge

**Prescribed** Yes No

**Contraindicated** Yes No