

**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: ☐ Walk In ☐ EMS ☐ IFT ☐ Inpatient
Patient Medical Record #	
Gender: ☐ Male ☐ Female	AGE:
EMS Incident/PCR #: ☐ N/A	PCR left with patient: ☐ Yes ☐ No ☐ N/A
EMS Transport Provider: ☐ N/A	
EMS Agency(s) Performing 12-Lead(s): ☐ N/A	

Clinical Information

"STEMI ALERT" called by EMS: ☐ Yes ☐ No ☐ N/A	Time of hospital "STEMI ALERT":
ED arrival date:	ED arrival time:
Symptom onset date:	Symptom onset time:
ECG transmitted correctly by EMS: ☐ Yes ☐ No ☐ N/A – Comments:	
If EMS arrival, was prehospital ECG STEMI confirmed by ED MD / DO: ☐ Yes ☐ No ☐ N/A	
Door-to-first ED ECG time:	ED ECG Confirmed STEMI: ☐ Yes ☐ No
Transfer time to cath lab:	First intervention date and time:
Type of intervention: ☐ PCI ☐ Thrombectomy ☐ Thrombolysis ☐ 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: ☐ Yes ☐ No ☐ N/A	
a) Acute catheterization not done due to alternate diagnosis: ☐ Yes ☐ No	
b) Acute catheterization done and found to have no significant coronary lesion: ☐ Yes ☐ 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 kristine.guth@edcgov.us within 10 days