

BLS 12 Lead ACQUISITION & TRANSMISSION REPORT

Field Section: (Please copy before leaving at hospital. Attach to your chart)

1. Date: _____ Patient Age: _____ Patient Initials: _____ Gender: _____
2. Field Signs/Symptoms : _____
3. Hospital(s) Contact/ Disposition if not transported to cath lab: _____
4. Was a medical Control order received to go straight to cath lab: Yes No
 - a. If yes, destination hospital: _____
 - b. Time received authorization to transport directly to STEMI center: _____
 - c. ED Doctor who reviewed 12-Lead and agreed with transport to STEMI: _____
5. Time call dispatched: _____ Time of 1st Pre-hospital ECG: _____
6. Time ECG sent to hospital: _____

Emergency Department Section: (When complete please send to FDRHPO North Country EMS)

7. Hospital: _____ Person Completing Form: _____
8. Did patient go to Cath Lab? Yes No
If no, reason _____
9. Did the patient receive IV thrombolytics? Yes No
If not, why not? _____
10. Time Receiving Center notified of patient by Base Hospital: _____
11. Time of patient arrival in Emergency Department: _____
12. Time of transfer to cath lab : _____

Cardiology Cath Lab Section:

13. Time Cardiologist notified: _____ Time Cath Lab notified: _____
14. Was the door-to-balloon time 90 minutes or less? Yes No
15. Time to reperfusion (balloon, inflation/stent; include also time to pacemaker and/or intra-aortic balloon pump): _____
16. Immediate outcome (within 48 hours): Lived Died

COI Section: (Items to be reviewed)

1. Narrative reflects S/S for 12-lead capture?
2. 12-lead is attached?
3. Contact with sending facility is appropriately documented?
4. Medical Control instructions are appropriately documented? If applicable
5. "12 Lead" is selected in treatment/ procedure section of ePCR (for data aggregation)?
6. Medical Director has reviewed?

When the hospital section has been completed, FAX to Fort Drum Regional Health Planning Organization (315) 755-2020 or email to asmith@fdrhpo.org