

## 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 1<sup>st</sup> 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) 755-2022 or email to [paperwork@fdrhpo.org](mailto:paperwork@fdrhpo.org)**