

STEMI Alert Transfer Checklist & SBAR

SERIOUS MEDICINE. EXTRAORDINARY CARE.™

Date of Arrival: ___/___/___
ED MD: _____
ED RN: _____

MR # _____
Name: _____
DOB: ___/___/___ Age: _____
Male _____ Female _____

Presenting Symptoms:
Time of Symptom Onset:

<input type="checkbox"/> EKG Pre-hospital or <input type="checkbox"/> ED EKG within 10 minutes of arrival
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EMS EKG received	ED Arrival Time	Time of ED EKG <small>Goal: 10 Min</small>	STEMI Hotline called <small>(402.552.3444)</small>	Transfer Accepted	Transport Activated	Transport Arrival	Transport Depart <small>Total ED time <30 minutes</small>	RN to RN Report Completed

<p style="text-align: center;"><u>Patient History:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> CAD <input type="checkbox"/> CABG <input type="checkbox"/> Previous MI <input type="checkbox"/> CVA/TIA <input type="checkbox"/> COPD <input type="checkbox"/> Diabetic <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> HTN <input type="checkbox"/> PVD <input type="checkbox"/> CHF <input type="checkbox"/> Pacemaker/ICD <input type="checkbox"/> Dialysis <input type="checkbox"/> Illicit Drug Use <input type="checkbox"/> Smoking – current – past <input type="checkbox"/> Chronic Anticoagulation <input type="checkbox"/> Any Sildenafil, Vardenafil, and tadalafil in the last 48 hours
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<p style="text-align: center;"><u>Medications Given:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> ASA PO given (324mg) <input type="checkbox"/> Nitro (SL) dose: _____ <input type="checkbox"/> Morphine IV dose: _____ <input type="checkbox"/> BB dose: _____ <input type="checkbox"/> Heparin Bolus (max 4,000u) <input type="checkbox"/> Ticagrelor 180mg PO (preferred) OR <input type="checkbox"/> Clopidogrel 600mg PO <input type="checkbox"/> Heparin gtt: _____ <input type="checkbox"/> Integrilin <input type="checkbox"/> ReoPro <input type="checkbox"/> Oxygen (SpO2 goal 90-92%) <input type="checkbox"/> Normal Saline TKO, left arm

<p style="text-align: center;"><u>STEMI Transfer Check List</u></p> <p style="text-align: center; color: red;">Do not delay transport</p> <ul style="list-style-type: none"> <input type="checkbox"/> Activate EMS immediately <input type="checkbox"/> Fax demographic sheet <input type="checkbox"/> Establish large bore IV <small>(Left arm preferred)</small> <input type="checkbox"/> Obtain labs: troponin, CBC, CMP, PT/INR, PTT <small>(Do not delay transports waiting for results)</small> <input type="checkbox"/> Transfer form completed <input type="checkbox"/> Transfer Consent Signed <p>Records to EMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of EKG to EMS <input type="checkbox"/> Copy of ED records <input type="checkbox"/> Copy STEMI Transfer Alert

Notes or Delay Explanations: _____ _____
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- If transport time is greater than 90 minutes, or overall first medical contact to PCI is greater than 120 minutes, consider thrombolytics
- When giving thrombolytics, door-to-needle goal is ≤ 30 minutes with **immediate** transport to closest PCI receiving center.
- Please review absolute and relative contraindications for thrombolytics in STEMI as outlined by AHA Mission:Lifeline criteria

RN Signature: _____