

LEVEL ONE HEART ATTACK ZONE 2 (MORE THAN 60 MILES OF ABBOTT NORTHWESTERN)

PATIENT DATA SHEET

Patient Label Here

ED Physician		Family Cell phone	
ED Phone	ED Fax	EMS Preactivated <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMERGENCY DEPARTMENT – Complete items with *

Onset Chest Pain Time*	ED Arrival Time*	ECG Time*
Means of Transport to ED* <input type="checkbox"/> Self/family <input type="checkbox"/> Ambulance		
Call to MHI Time	Receiving Cardiologist	
Call to Transport Service Time	Mode: <input type="checkbox"/> Ground ALS <input type="checkbox"/> Helicopter	Transfer Team Arrival Time
Depart ED Time*	Arrival Time (to ANW)	Admit to: <input type="checkbox"/> CV Lab <input type="checkbox"/> ED <input type="checkbox"/> CCU

PRESENTING CLINICAL DATA – ED Physician to complete

Allergies			
ECG Changes: <input type="checkbox"/> Inferior (II, III, AVF) <input type="checkbox"/> Anterior (V1-V4) <input type="checkbox"/> Lateral (I, AVL, V5-V6) <input type="checkbox"/> Posterior <input type="checkbox"/> New LBBB			
BP	HR	Rhythm	Family Hx CAD? <input type="checkbox"/> Yes <input type="checkbox"/> No
History of CAD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previous PCI <input type="checkbox"/> Previous MI <input type="checkbox"/> Previous CABG			Date
Past Med Hx		Contraindication to Lytics? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cardiac Risk Factors: HTN <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dyslipidemia: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oxygen required to keep sats >92% NC ___ L/min FM ___ L/min CPAP ___ BIPAP ___		
Clinical Signs of CHF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rales <input type="checkbox"/> S3 gallop <input type="checkbox"/> Murmur			Intubated/Vent Settings
Patient Weight	Patient Height	Allergy to IV Contrast <input type="checkbox"/> Yes <input type="checkbox"/> No	

LAB DATA – Fax copies of lab results

Na	K	Platelets	Cr	Troponin I
CK-MB	Hgb	PT/INR	WBC	Glucose
Serum HCG if childbearing age (12 yrs - 50 yrs)		Chest X-ray Send original film with patient		

TREATMENT – ED Nurse to complete

Medications	Dose	Time	Administered by:
Keep NPO Give the following medications unless contraindicated:			
1. Aspirin (check with patient if already taken today)	324 mg (four, 81 mg chewable tabs) OR 300 mg (rectally)	_____	
2. Clopidogrel (Plavix) (ok to crush)	600 mg orally/NG/OG		
3. ½ dose TNKase IVP (Calculate full dose based on weight and height and give ½) OR Retavase	_____ mg OR 10 units IVP x 1		
4. Heparin (loading dose) 60 units/kg (Max 4000 units) IVP	_____ Units IVP		
5. Heparin (Infusion) 12 units/kg/hr (Max 1000 units/hr)	_____ Units/hr or _____ ml/hr		
Administer as needed for pain:			
1. Nitroglycerin 0.4 mg sublingual			
2. Nitroglycerin IV (infusion)	_____ mcg/min		
3. Morphine Sulfate IVP; 1-5 mg every 5-30 minutes IVP (as needed for chest pain relief)			
Other Medications			
1. Beta Blocker for SBP >150 or HR >100 DO NOT give Beta Blocker if any of the following: 1. signs of heart failure or shock, SBP <100 2. heart rate <60 or Heart Block 3. severe asthma or reactive airway disease	Lopressor 25 mg orally X 1 OR 5 mg IV x 3	Time: _____ _____ _____	
2. Amiodarone			
3. Dopamine			
4. Intubation medications			
5. Other medication _____			

When labs are completed, please fax this sheet along with ECG to:
CV Lab 1-888-764-8218

