



Cardiac Alert Checklist

Patient's Name	DOB	
Time patient first experienced symptoms (Specific to this event)		
Time & Date unit was dispatched to call		
Time Cardiac Alert initiated		
Inform the receiving hospital regarding nursing home status. (It is helpful to know if the patient is a long term resident or short term-rehab patient)		
Paramedic Checklist:	YES	NO
Patient <u>DOES NOT</u> have a DNR	ÿ	ÿ
Characteristic cardiac presentation; (chest pain consistent with AMI)	ÿ	ÿ
Patient is 90 years of age or younger?	ÿ	ÿ
Acute Coronary Syndrome (ACS) symptoms for less than 12 hours?	ÿ	ÿ
12 lead ECG: ST Elevation Myocardial Infarction (STEMI)	ÿ	ÿ
2mm ST elevation in Two or more contiguous leads: V1 & V2, V2 & V3, V3 & V4, V4 & V5, V5 & V6, V6 & L1, L1 & AVL	ÿ	ÿ
1mm ST elevation in two or more contiguous leads: LII & L III, LIII & AVF	ÿ	ÿ
No LBBB: No Paced Rhythm	ÿ	ÿ
Meets cardiac alert criteria (YES to all above)	ÿ	ÿ
Medical History	YES	NO
History of heart disease?	ÿ	ÿ
Allergies to contrast dye or other medications?	ÿ	ÿ
History of kidney diseases?	ÿ	ÿ
Is this patient a smoker?	ÿ	ÿ
History of hypertension?	ÿ	ÿ
History of diabetes?	ÿ	ÿ
History of hyperlipidemia?	ÿ	ÿ
Is patient taking blood thinners?	ÿ	ÿ
Other pertinent history	ÿ	ÿ

12 Lead ECG Tracking Form		
Patient Name		DOB
		Trip #
		Date
Initial Field Impression / Diagnosis		Paramedic
<input type="checkbox"/> Inferior Wall Myocardial Infarction II, III, & AVF <input type="checkbox"/> Septal Wall Myocardial Infarction <input type="checkbox"/> Posterior Wall Myocardial Infarction	<input type="checkbox"/> Anterior Wall Myocardial Infarction <input type="checkbox"/> Anterior/ Septal Wall Myocardial Infarction <input type="checkbox"/> Bundle Branch Block	<input type="checkbox"/> Lateral Wall Myocardial Infarction <input type="checkbox"/> Anterior/ Lateral Wall Myocardial Infarction <input type="checkbox"/> Ischemia
Cardiologist Diagnosis		
By		
Attach Field ECG Here:		