

Send this form to UVA with the patient



# STEMI ALERT Data Sheet B

UVA STEMI ALERT DATA SHEET

Initial Facility: **Culpeper Regional Hospital**

Date: <u>7/19/10</u>	ED Attending: <u>D. G. [redacted]</u>
Patient Name: <u>[redacted]</u>	
Patient MR#: <u>[redacted]</u>	ED Nurse: <u>Al [redacted]</u>

**Section I - completed at Culpeper Regional**

Indicator	Time (please record)
Time of onset of chest pain:	<u>5 AM ?</u>
Time patient arrived in ED:	<u>0709</u>
Time of first EKG:	<u>0711</u>
Time of EKG Showing STEMI was performed:	<u>0711</u>
Time EKG read by ED attending:	<u>0712</u>
Time STEMI ALERT called in ED:	<u>0712</u>
**Time thrombolytics given (if applicable):	
Time STEMI ALERT Fellow @ UVA paged:	<u>0713</u>
Time STEMI ALERT Fellow responded to page:	<u>0713</u>
Time EMS notified for transport:	<u>0712</u>
Name of EMS/Flight Agency:	<u>Pegasus</u>
Time EMS arrived at patient bedside:	<u>0740</u>
Time EMS left Culpeper ED:	<u>074</u>

Remember, send this form to UVA with the patient

**Section II - completed at University of Virginia**

Indicator	Time
Time cath lab activated / STEMI ALERT called:	<u>0723</u>
Time patient arrived at: <u>Cath Lab</u> / CCU / ED (circle 1)	<u>0814</u>
Lido time:	<u>0821</u>
Access time:	<u>0823</u>
Time of 1st wire across lesion:	<u>0832</u>
Time of 1st balloon inflation:	<u>0833</u>

**!ATTENTION!**

**Send with patient to UVA! After cath case is done place in mailbox of Sandra Weaver. If found elsewhere, return via interdepartmental mail to Pattie Downer**

**Resource Numbers:**  
 Pegasus -1800-552-1826  
 AirCare 1-800-258-8181  
 STEMI ALERT FELLOW @ UVA 1-434-924-0000  
 UVA CCU 1-434-924 2582  
 UVA Cath lab 1-434-982-0976  
 UVA ED Charge Nurse 1-434-531-5389  
 UVA attending cell phone 1-434-531-5701

Please provide comments on the back of this form for QI.

Thanks!