

STRAC Regional Cardiac Systems Heart Alert Transfer

**** Keep Form
with Patient****

Referring Hospital: _____

Date: _____

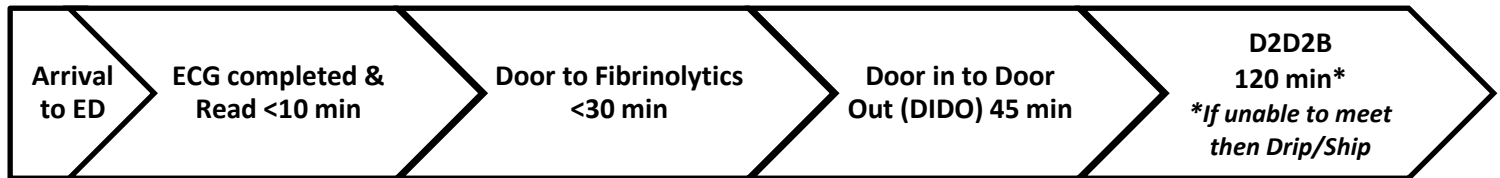
Primary RN: _____

ED Physician: _____

Patient Name: _____

☐ EMS Agency/Unit#: _____

☐ Walk-In



PRE-HOSPITAL HEART ALERT ACTIVATED – ED TO COMPLETE

Yes or No	TIME	ACTION COMPLETED	Goal
<input type="checkbox"/> YES <input type="checkbox"/> NO		EMS Heart Alert call (pre-hospital)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		ECG transmitted pre-hospital	
<input type="checkbox"/> YES <input type="checkbox"/> NO		ED Physician reads EMS ECG	

REFERRING ED TO COMPLETE

Yes or No	TIME	ACTION COMPLETED	Goal
<input type="checkbox"/> YES <input type="checkbox"/> NO		Patient Arrival to ED (If in-patient put 'NA')	
<input type="checkbox"/> YES <input type="checkbox"/> NO		12-Lead ECG	<5 min from TOA
<input type="checkbox"/> YES <input type="checkbox"/> NO		12-Lead Interpreted and signed by MD	<10min from TOA
<input type="checkbox"/> YES <input type="checkbox"/> NO		In Hospital Alert Activated	<1 min from ECG Interpretation
<input type="checkbox"/> YES <input type="checkbox"/> NO		Aspirin Given? <i>Circle one</i> EMS or Hospital	Dose:
<input type="checkbox"/> YES <input type="checkbox"/> NO		Lytic Given? <i>Circle one</i> TNKase or tPA	Dose:
<input type="checkbox"/> YES <input type="checkbox"/> NO		Anticoag Given? <i>Circle one</i> Lovenox or Heparin	Dose:
		Transfer Center Notified. Facility: _____	
		Cardiologist Accepted. Name: _____	

RECEIVING ED TO COMPLETE

DATE/TIME	ACTION COMPLETED	Goal
	Cath lab team activated (if applicable)	
	Patient Arrival to ED	Bypass to Cath Lab as appropriate
	Patient arrival to Cath Lab	
	Time Cardiologist arrived in Cath Lab	
	Time of 1 st Balloon inflation	"BALLOON TIME"

*Place Patient ID
Sticker Here*

****Please send this form with the patient at the time of transfer****

****NOT PART OF THE PATIENT CHART****