

**Heart Alert Transfer**

September 2025\_V3

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 |
|  |      | <b>Call for transport (Prior to MOT completion)</b>  |                                |
|  |      | Transport Agency: _____                              |                                |
| <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:                          |
|  |      | Door Out Time: _____                                 |                                |
|  |      | 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 <sup>st</sup> Balloon inflation | <b>"BALLOON TIME"</b>             |

*Place Patient ID Sticker*

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

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