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| Patient Information |
| **First Name:** | **Middle Name:** | **Last Name:** |
| **Health Card Number:**  | Auth. Issuing: | **DOB:** YYYY-MM-DD | **MRN:**  |
| **Street Address:** | **Suite:** | **City:** | **Prov./State:** |
| **Postal/Zip Code:** | **Country:** If outside Canada | **Primary Phone:** | **Alternate Phone:** |
| **Patient Presentation** |
| **Ambulance:** | [ ]  | Direct to Cath Lab | **Self-Transport:** | [ ]  | To PCI Capable Hospital |
| [ ]  | Field to Emergency Department of PCI Capable Hospital | [ ]  | To Non-PCI Capable Hospital |
| [ ]  | Field to Emergency Department of Non-PCI Capable Hospital |  |  |
| Non-PCI Capable Hospital Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In-Patient:** | [ ]  |
| **Time Intervals (where applicable)** |
| **Fibrinolysis Administered:** | [ ]  | No | [ ]  | Fibrinolysis Contraindicated |  | [ ]  Yes **Date:** YYYY-MM-DD **Time:** hh:mm |
| **First Contact with Paramedics Date:** YYYY-MM-DD | **Time:** hh:mm |
| **Ambulance Electrocardiogram Date:** YYYY-MM-DD | **Time:** hh:mm |
| **Registration Date:** YYYY-MM-DD | **Time:** hh:mm |
| **First Hospital Electrocardiogram Date:** YYYY-MM-DD | **Time:** hh:mm |
| **Qualifying Electrocardiogram Date:** YYYY-MM-DD | **Time:** hh:mm |
| **Fibrinolysis Given Date:** YYYY-MM-DD | **Time:** hh:mm |
| **First Balloon Inflation/Device Date:** YYYY-MM-DD | **Time:** hh:mm |

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| **Procedure Performed** |

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| --- | --- | --- | --- | --- | --- |
| [ ]  | Primary Percutaneous Coronary Intervention | [ ]  | Rescue Percutaneous Coronary Intervention | [ ]  |  Pharmacoinvasive Coronary Intervention |
| [ ]  | Late Percutaneous Coronary Intervention\* | [ ]  | Cath Only |  |  |
|  | \*The use of PCI as the initial mode of reperfusion with STEMI greater than 24 hours.  |
| **Additional Notes:** |