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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:** | | | | | |