Cardiac Alert Checklist

Patient's Name	**DOB**

Time patient first experienced symptoms (specific to this event)		
Time and date unit was dispatched to call		
Time Cardiac Alert initiated		
Inform the receiving hospital regarding nursing home status (It is helpful to know if the patient is a long term resident or short term rehab patient)		
Paramedic Checklist:	**Yes**	**No**
Patient **DOES NOT** have a DNR		
Characteristic cardiac presentation (chest pain consistent with AMI)		
Patient is 90 years of age or younger?		
Acute Coronary Syndrome (ACS) symptoms for less than 12 hours?		
12 lead ECG: ST Elevation Myocardial Infarction (STEMI)		
• 2mm ST elevation in 2 or more contiguous leads:		
◦ V1 & V2, V2 & V3, V3 & V4, V4 & V5, V5 & V6, V6 & LI, LI & aVL		
• 1mm ST elevation in 2 or more contiguous leads:		
◦ LII & LIII, LIII & aVF		
No LBBB, no paced rhythm		
Meets cardiac alert criteria (YES to all above)		
Medical History	**Yes**	**No**
History of heart disease?		
Allergies to contrast dye or other medications?		
History of kidney diseases?		
Is this patient a smoker?		
History of hypertension?		
History of diabetes?		
History of hyperlipidemia?		
Is patient taking blood thinners?		
Other pertinent history		

Cardiac Alert Checklist

12 Lead ECG Tracking Form

Patient Name:

DOB:

Trip #:

Date:

Paramedic:

Initial Field Impression/Diagnosis

- Inferior wall myocardial infarction II, III, & aVF
- Septal wall myocardial infarction
- Posterior wall myocardial infarction
- Anterior wall myocardial infarction
- Anterior/septal wall myocardial infarction
- Bundle branch block
- Lateral wall myocardial infarction
- Anterior/lateral wall myocardial infarction
- Ischemia

Cardiologist Diagnosis:

By:

Attach field ECG here: