

# Stemi Timesheet

MyMichigan Health

EMS: Section: 1&2 Referring Depts: Section 1&3 Receiving ED: Section 1&3 or only 3a Cath Lab: Section 4

Section 1 - Completed by ED Staff or EMS	
Patient Name:	Date of Service:
Date of Birth/ MRN#	ED Provider/Cardiologist:
ED Dept/EMS Agency	Paramedics/RN:
EMS Unit #:	ED Phone # for Follow up:
	STEMI Form left with:

Section 2 - EMS				
Indicator	Time	Minutes	Target Goal	Yes/No Dose
First Medical Contact (FMC)		xxx	xx x	<input type="checkbox"/> ASA:
				<input type="checkbox"/> SL NTG/NTG Drip:
FMC to EKG			FMC to EKG < 10 Min	<input type="checkbox"/> Pain Med:
Cath Lab Activation			EKG to ACT. < 10 Min	<input type="checkbox"/> Heparin: 60u/kg Max 4,000u
Arrival Time to Cath Lab or ED			FMC to CathLab/ED < 90 Min	<input type="checkbox"/> Labs, Blue, Yellow, Green, Pink, Purple
				<input type="checkbox"/> Other:

Section 3 - REFERRING EMERGENCY DEPARTMENTS				
Indicator	Time	Minutes	Target Goal	Comments
First Medical Contact (FMC)		xxx	xx x	Heparin Bolus: 60u/kg, Max 4,000u
FMC to EKG			FMC to EKG < 10 Min	
Cath Lab Activation			EKG to ACT. < 10 Min	
Departure of Emergency Department			FMC to CathLab/ED < 90 Min	

Section 3a- Receiving Emergency Department ONLY if STEMI was activated from another ED or EMS			
Indicator	Time	Target	Reason for Diversion
Arrival to ED		xxx	<input type="checkbox"/> Cath Lab Busy
Time Patient left ED		xxx	<input type="checkbox"/> Cath Lab Staff Not Available
Total Time in ED		< 30 Min	<input type="checkbox"/> Unstable Patient

Section 4 - Cath Lab Staff		
Indicator	Time	Check List:
Time patient arrived in Cath Lab		<input type="checkbox"/> IV (at least one) started and working
Time Cardiologist arrived		<input type="checkbox"/> Patient in a gown & clothing removed
Time Procedure started		<input type="checkbox"/> 1L of NS with reg and ext tubing
Time of 1st device deployment		<input type="checkbox"/> Heparin BOLUS Given: _____
Vessel		<input type="checkbox"/> ASA Given: _____
Comments:		Number of SL Nitroglycerin given: _____
		Labs Drawn and sent: _____
		<input type="checkbox"/> EKG <input type="checkbox"/> Paper <input type="checkbox"/> MUSE
FMC Time:            Device Time:            Total Time:		Call Back to ED with Update <input type="checkbox"/> Yes <input type="checkbox"/> No
STEMI Alert Cancelled Time:		Name/Time:
Reason:		Reason for No Call Back:

# Fibrinolytic Worksheet

Time of onset of chest pain: \_\_\_\_\_

Arrival Time in the ER: \_\_\_\_\_

Patient Age: \_\_\_\_\_ Patient Gender:  Male  Female

Pertinent Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Indications for Thrombolytic Therapy

### Yes No

- Symptoms compatible with acute MI?
- Persistent pain after SL Nitroglycerin?
- ST elevation of at least 0.1 mV in:
  - 2 of 3 inferior leads (II, III, or AVF)
  - 2 of 6 precordial leads (Leads 1-6)
  - Lead I and AVL(Q wave does not preclude treatment)

Time of initial 12-lead EKG \_\_\_\_\_

Time of repeat 12-lead EKG \_\_\_\_\_

## Contraindication to Thrombolytic Tx.

Because thrombolytic therapy increases the risk of bleeding, it is contraindicated in any of the following situations:

### Yes No

- 1. Active internal bleeding
- 2. History of recent hemorrhagic CVA
- 3. Recent (within 2 mo) intracranial or intraspinal surgery or trauma.
- 4. Intracranial neoplasm, AV malformation or aneurysm.
- 5. Pregnancy
- 6. Severe uncontrolled hypertension (>210/110)
- 7. Vigorous CPR over 10 min. duration
- 8. Suspected aortic dissection
- 9. Diabetic retinopathy or other hemorrhagic ophthalmic pathology
- 10. Recent major surgery or biopsy (within 2 weeks).

Decision to Treat with thrombolytic?  Yes  No Time \_\_\_\_\_

## Procedure

1. Establish 2 IV sites - in different arms.

IV start site #1 \_\_\_\_\_ IV start site #2 \_\_\_\_\_

Failed IV start sites \_\_\_\_\_

Was Amicar applied to failed IV start sites?  Yes  No

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** If IV Nitroglycerin is infused with heparin or lidocaine, it must be infused via access site very close to the IV site.

## 2. Required Labs (check when complete)

- Comp Metabolic  Troponin and CK/MB
- CBC  BNP
- PT and PTT  Type and screen

Labs completed by: \_\_\_\_\_ at: \_\_\_\_\_

## 3. Four (4) chewable baby ASA administered.

Administered by: \_\_\_\_\_ at: \_\_\_\_\_

## TNKase Administration Record

Dose based upon weight: (2.2 lbs= 1 kg)

Weight: \_\_\_\_\_ kg

< 60 kg: 30 mg TNKase (6 ml)

≥ 60 kg to <70 kg: 35 mg (7 ml)

≥ 70 kg to <80 kg: 40 mg (8 ml)

≥ 80 kg to <90 kg: 45 mg (9 ml)

≥ 90 kg: 50 mg (10 ml)

TNKase must not be administered with any other drugs.

Administer dose IV push over 5 seconds. Flush line with saline, and then administer heparin bolus and initiate IV infusion.

## TNKase Bolus Dose

Dose: \_\_\_\_\_

Given by: \_\_\_\_\_ at: \_\_\_\_\_

## Plavix Dose

≤ 74 years old: 300mg

≥ 75 years old: 75mg

Dose: \_\_\_\_\_

Given by: \_\_\_\_\_ at: \_\_\_\_\_

## Heparin Infusion

Heparin bolus dose of 60 units/kg, with the maximum bolus being 4000 units (anyone over 66 kg will need the maximum of 4000 unit bolus)

Dose: \_\_\_\_\_

Given by: \_\_\_\_\_ at: \_\_\_\_\_

Heparin infusion of 12 units/kg/hour, with the maximum rate of 1000 units/hour (anyone over 83 kg will get no more than 1000 units/hour).

Dose: \_\_\_\_\_

Given by: \_\_\_\_\_ at: \_\_\_\_\_

**Note:** Please perform a baseline neuro assessment prior to lytic administration

Time: \_\_\_\_\_ Date: \_\_\_\_\_