| Date: | Incident #: | Time: | |
|--|---|--|--|
| Destination: | | | |
| Patient Name: D.O.B | | | |
| Chief Compl | aint/Reason for 12 lead: | | |
| 12 Lead Acquired: Yes No 12 Lead Transmitted: Yes No | | | |
| # of Transmi | ssion Attempts: Mod | le of Transmission: Cellular Land | |
| | | Assessment of 12 lead (if any): | |
| Yes No | Does the patient have: | | |
| 1. | Chest pain, or equivalent characteristic of | t pain, or equivalent characteristic of myocardial ischemia, for at least 30 minutes. Pain has not | |
| | lapsed and is not relieved by NTG or posit | ion changes. | |
| 2. ECG ST segment elevation of at least 1 mm in at least two contiguous leads re | | m in at least two contiguous leads reflecting a single | |
| | myocardial region (Q waves are not a conf | raindication). | |
| 3. | Elapsed time from onset of ischemia to evaluation less than twelve hours. | | |
| Yes No | Exclusion Criteria. Potential Absolute Contraindications: | | |
| 1. | Active internal bleeding. | | |
| 2. | History of any CVA, intracranial neoplasm, arteriovenous malformations or aneurysm. | | |
| 3. | Recent (within 2 months) intracranial or intraspinal surgery or trauma. | | |
| 4. | Intracranial neoplasm, arteriovenous malformation, or aneurysm. | | |
| 5. | Past or present bleeding disorder. | | |
| 6. | Uncontrolled hypertension - systolic > 180 mm Hg, diastolic > 110 mm Hg. | | |
| 7. | Pregnancy. | | |
| Yes No | Potential Relative Contraindications: | | |
| 1. | Diabetic hemorrhagic retinopathy or other hemorrhagic ophthalmic conditions. | | |
| 2. | Prolonged CPR (longer than 10 minutes). | | |
| 3. | Recent (within 10 days) major surgery at noncompressable site (e.g. CABG). | | |
| 4. | Documented cerebrovascular disease. | | |
| 5. | Recent (within 7 days) gastrointestinal or genitourinary bleeding. | | |
| 6. | Significant liver dysfunction. | | |
| 7. | PHYSICALLY advanced age (>75 years with multiple disease states beyond AMI). | | |
| 8. | Patients currently receiving oral anticoagulants, e.g. warfarin sodium. | | |
| 9. | Previous thrombolytic therapy? | | |
| 10. | Trauma to the head in the last two weeks.? | | |
| 11. | Surgery in the last two weeks? | | |
| 12. | Any trauma in the last two weeks? | | |