

Patient Sticker

STEMI

Handoff Sheet
Zone 1



To be completed by Referral Hospital:

Referral Hospital _____ **Date** _____ **Time** _____

Symptom Onset _____

Pertinent Medical History: Previous Stent CABG Other _____

Allergies _____ **Patient Weight** _____

Is the patient taking any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Warfarin (Coumadin) | <input type="checkbox"/> Prasugrel (Effient) |
| <input type="checkbox"/> Dabigatran (Pradaxa) | <input type="checkbox"/> Ticagrelor (Brilanta) |
| <input type="checkbox"/> Rivaroxaban (Xarelto) | <input type="checkbox"/> Clopidogrel (Plavix) |
| <input type="checkbox"/> Apixaban (Eliquis) | |

Medications Administered:

- ASA 325mg PO
- Heparin Bolus 60 IU/Kg _____ IU Administered
- Ticagrelor (Brilinta) 180 mg PO _____ mg Administered
- NTG PRN SL or Paste

Avoid IV NTG or IV Heparin

Additional Medications Administered _____

Vital Signs: BP _____ HR _____ RR _____ SaO2 _____

Prepare patient for rapid transfer:

- Remove clothing, place patient in gown
- Prep patient and family for rapid handoff to transfer staff
- Have paperwork ready for transfer:
 1. Copy of diagnostic EKG
 2. EMTALA & PCS (AirLink)
 3. STEMI Handoff Sheet
- Fax any additional paperwork to Regional Communications: 910-815-5005

Referral Hospital Signature _____

To be completed by Interfacility Transfer Agency:

Transfer Agency _____

Additional Medications Administered _____

Additional Interventions Performed _____

Additional Vital Information _____

Vital Signs: BP _____ HR _____ RR _____ SaO2 _____

Referral Agency Signature _____