

Patient Sticker

STEMI

Handoff Sheet

Zone 2



To be completed by Referral Hospital:

Referral Hospital _____	Date _____	Time _____
Symptom Onset _____		
Pertinent Medical History: <input type="checkbox"/> Previous Stent <input type="checkbox"/> 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:		
<input type="checkbox"/> Tenecteplase _____ mg		
<input type="checkbox"/> ASA 325mg PO		
<input type="checkbox"/> Heparin Bolus 60 IU/Kg _____ IU Administered		(max dose of 4,000 IU)
<input type="checkbox"/> Clopidogrel 300 mg PO _____ mg Administered		(If age > 75, administer 75 mg)
<input type="checkbox"/> 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 _____