

Dear Columbus Regional Medical Center,

Thank you for utilizing AirLink/VitaLink for your transport needs. If you have additional needs or changes in patient condition to report please contact Regional Communications at **1-800-282-LINK (5465)**. ***Please understand that with STEMI patients it is our goal to have a bedside time of 10 minutes or less. We greatly appreciate anything you can do to help us achieve our goal.*** Click the button below to print the required forms for the type of patient and transport that you have selected and again thank you for utilizing AirLink/ VitaLink.



Patient Sticker

# STEMI

## Handoff Sheet

### Zone 2



To be completed by Referral Hospital:

**Referral Hospital** Columbus Regional Medical Center      **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:**

- Tenecteplase \_\_\_\_\_ mg
- ASA 325mg PO
- Heparin Bolus 60 IU/Kg \_\_\_\_\_ IU Administered (max dose of 4,000 IU)
- Clopidogrel 300 mg PO \_\_\_\_\_ mg Administered (If age > 75, administer 75 mg)
- 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** \_\_\_\_\_



Please Include  
12-Lead Here

Please Include  
Patient Chart  
Here

Please Include  
PCS/ EMTALA  
Here