



HEALTH AND HUMAN SERVICES AGENCY

EMERGENCY MEDICAL SERVICES

6255 Mission Gorge Road

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(619) 285-6429

www.SanDiegoCountyEMS.com

STEMI DATA FORM

for STEMI Receiving Centers

(rev 12/21/09)

From (Hospital Name):

SRC Number:

Patient arrived via: 911 IFTX to ED IFTX to CCL Other (i.e. walk-in)

If IFTX, enter the following sending facility name, arrival time and method of arrival to sending facility:

Name: Arrival date: Arrival time: Arrival method:

Was this a PH STEMI ACTIVATION? YES NO N/A

Prehospital Number:

- QCS # (XXXXXXXX.X)

- IFTX with QCS #, enter QCS #

- IFTX w/out QCS #, enter 333.0

- other (ie walk-in), enter 111.0

Symptom Hours:

Year of Birth (yyyy):

YES NO N/A

YES NO N/A

YES NO N/A

Prehospital 12 lead ECG, Date:

Prehospital 12 lead ECG (if Available), Time:

Did patient have an occurrence of VT/VF/Arrest/Hypotension or Cardiogenic Shock prior to PCI? YES NO N/A

Arrival at SRC, Date:

Arrival at SRC, Time:

ECG at SRC, Date:

ECG at SRC, Time:

IV Fibrinolytics administered? YES NO

Date: Time:

If Yes, indicate reason:

Did patient go to CCL? YES NO

Date started: Time started:

Culprit lesion? YES NO

Primary culprit lesion: If Other, specify

PCI performed? YES NO

Thrombectomy performed? YES NO Reperfusion occur? YES NO

Balloon inflation? YES NO Balloon start, date: Balloon start, time:

If No CCL or PCI, reason:

24 hours after cardiac catheterization or fibrinolytic, did patient? Survive Expire N/A

Discharge disposition:

If Other, specify

Length of stay >5 days? YES NO

Did patient have CABG? YES NO

If Yes, date:

Submission Directions:

1) Go to EMS-Prehospital website: www.SanDiegoCountyEMS.com and choose Prehospital System.

2) Click on the link for the STEMI Data Form to open it on your computer

(optional) save* blank form to your computer before filling out

3) Fill out form.

4) Click Submit by Email button to submit.

5) Follow the prompts to prepare email with data attached and click send

NOTE: Within a few minutes, you should receive an automated email reply indicating that your form submission was received. If not, verify you have used the latest form (online). If still no confirmation, please call for assistance.

6) You may print or save* (use 'save as') a copy of the completed form for your records.

7) To submit another case, return to Adobe form, click reset form to clear all previous data, continue at step 3.

*If you are using Adobe Reader, you may not have the ability to save forms after you have filled them out & must immediately submit data (you can still print a copy for your records). You may be able to capture a read only image of the form using one of these two methods: (1) In Adobe Reader, go to Tools, Select & Zoom, Snapshot (camera); use the cursor to outline the form; paste the image into a Word document (2) print to "Microsoft Office Document Image Writer" (or similar if not using Microsoft).

Any problems or questions with submission,
please call a **STEMI Data Form Contact at (619)285-6429.**

Forms must be submitted within 14 days from case date.

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Revised: 2/15/08