Mission Lifeline MT STEMI and NSTEMI Interhospital Transfer Record

RN Document

Please complete and send documentation with patient – do not delay transport

Fax All paperwork to referring Hospital (ECG, Labs, Orders, Vital Signs, Physician Orders, Notes, Medication administration record). Please include ambulance record.

Medication	*Dose*	*Time Start*	*Time Stop*	*RN (Initials)*
Aspirin (81 mg chew x 4)	324 mg			
Ticegrelor *(Brilinta) Oral (PCI therapy arm only) * Do not give Brilinta and Plavix together	180 mg			
Clopidogrel (Plavix) Oral PCI therapy dose	600 mg			
Clopidogrel (Plavix) Oral Lytic therapy dose	300 mg			
Heparin IV Bolus PCI: 70-100 units/kg Lytics: 60 units/kg, max 4000 units	units			
Heparin IV Infusion 12 units/kg/hr, max 1000 units/hr	units/hr			
Tenecteplase (TNKase) IV * Do not give Ticegrelor with Lytic (TNK)	mg (= mL)			
Nitroglycerin Sublingual *Erectile Dysfunction Medication within past 24 hrs. □ Yes (contraindicated) □ No	0.4mg 0.4mg 0.4mg	_____ _____ _____	_____ _____ _____	_____ _____ _____
Nitroglycerin IV Infusion	mcg/min			
Morphine Sulfate IV	mg			
Ondansetron (Zofran) Oral	4 mg			
Ondansetron (Zofran) IV	4 mg			
Metoprolol 25 mg Oral	mg			
Age < 75 yrs: Enoxaparin (Lovenox) 30 mg IV Push then 1 mg/kg SubQ 15 min later and then q 12 hours	30 mg			
	mg			
Age ≥ 75 yrs: Enoxaparin (Lovenox) 0.75mg/kg SubQ and then q 12 hours	mg			
II B III A Inhibitors (Integrilin)				

Please Document Times:

1. _____ Initial Chest Pain Onset Pain Scale 0-10 (10 being severe)
2. _____ Pre-Hospital ECG time (if available)
3. _____ Referring Hospital Arrival (Door – In)
4. _____ Referring Hospital 1st ECG Time _____ 2nd ECG Time ____
5. _____ Time Transport Activated
6. _____ STEMI Alert Activation (STEMI Receiving Hospital contacted)
7. _____ EMS Transport Arrival Time
8. _____ Referring Hospital Departure (Door-Out)

NURSE DOCUMENTATION

RN phone number _____-_____-_____

Hospital: _____

City: _____

Revised 6-16-2016

Patient Name:

RN Name (Print):_____
RN Signature: _____
RN Initials: _____ Date: _____ Time:_____