## **BLS 12 Lead ACQUISITION & TRANSMISSION REPORT**

Field Section: (Please copy before leaving at hospital. Attach to your chart)

	1.	Date: Patient Age: Patient Initials: Gender:
	2.	Field Signs/Symptoms :
	3.	Hospital(s) Contact/ Disposition if not transported to cath lab:
	4.	Was a medical Control order received to go straight to cath lab: Yes No
		a. If yes, destination hospital:
		<ul> <li>b. Time received authorization to transport directly to STEMI center:</li> <li>c. ED Doctor who reviewed 12-Lead and agreed with transport to STEMI:</li> </ul>
	5.	Time call dispatched: Time of 1 <sup>st</sup> Pre-hospital ECG:
		Time ECG sent to hospital:
Em	erg	ency Department Section: (When complete please send to FDRHPO North Country EMS)
	7.	Hospital: Person Completing Form:
	8.	Did patient go to Cath Lab? Yes No
		If no, reason
	9.	Did the patient receive IV thrombolytics? Yes No
		If not, why not?
	10.	Time Receiving Center notified of patient by Base Hospital:
	11.	Time of patient arrival in Emergency Department:
	12.	Time of transfer to cath lab :
Car	dia	logy Cath Lab Section:
	13.	Time Cardiologist notified:Time Cath Lab notified:
	14.	Was the door-to-balloon time 90 minutes or less? Yes No
	15.	Time to reperfusion (balloon, inflation/stent; include also time to pacemaker and/or intra-aortic balloon
		pump):
	16.	Immediate outcome (within 48 hours): Lived Died
<u>CQ</u>	IS	ection: (Items to be reviewed)
	1.	Narriatve reflects S/S for 12-lead capture?
	2.	12-lead is attached?
	3.	Contact with sending facility is appropriately documented?
	4.	Medical Control instructions are appropriately documented? If applicable
:	5.	"12 Lead" is selected in treatment/ procedure section of ePCR (for data aggregation)?
	6.	Medical Director has reviewed?
		When the hospital section has been completed, FAX to Fort Drum Regional Health Planning
		Organization (315) 755-2022 or email to paperwork@fdrhpo.org