



EMERGENCY DEPARTMENT INTERFACILITY TRANSFER CHECKLIST FOR STEMI RE-TRIAGE



9-1-1 STEMI IFT Checklist

Yes No

- ECG read by Physician is interpreted as *acute* ST-Elevation Myocardial Infarction (STEMI).
- The patient is in the emergency department and not admitted to the hospital.

If no to either, do not utilize 9-1-1, contact a private ambulance to transport patient. If meets **both** criteria, follow procedure below:

- Transmit positive STEMI ECG to STEMI Receiving Center (SRC) for review by the SRC Physician.
- ED Physician: Calls SRC Physician to discuss patient.
- Verify transfer is accepted by SRC.
 - Physician accepted patient.
 - Facility has bed and cath lab available.
- Determine, in consultation with SRC Physician, need for EMERGENT PCI. For NON-emergent PCI (e.g. urgent or NSTEMI), arrange for appropriate level of care transport (BLS, ALS or RN) via private ambulance. **Do not call 9-1-1** and follow hospital policy for transfer.
- Immediately prepare patient for transport: Copy ED records including all ECGs, initial EMS Report Form including field ECG when applicable, labs, relevant diagnostic imaging, etc.
- Ensure hospital-specific transfer paperwork completed.
- For **EMERGENT PCI ONLY**, if ETA is greater than 10 minutes for private ambulance transport, verify patient is not receiving medication outside of paramedic scope of practice (IV drips except NS) then call 9-1-1 for transport (after patient and paperwork is prepared). If patient needs level of care beyond paramedic scope of practice, contact private ambulance service for appropriate level of transport – RN Specialty Care or ALS or BLS with hospital RN to accompany.
- ED RN: Calls SRC and gives patient report to accepting RN or house supervisor.

Patient Name

Medical Record #

Sending Hospital

Receiving Hospital

Accepting MD

Report given to

PROVIDE COPY TO TRANSPORTING AGENCY

Completed by (print): _____ Signature: _____

Date: _____