



Pre-hospital Outcome Data - Cardiovascular

This information is for performance improvement and is confidential

UNIT ON SCENE:	HOSP. ARRIVAL TIME:
Incident #:	Patients Initials:

Code Heart Criteria Per Paramedic

- | | |
|--|--|
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Nausea/Vomiting |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Radiation of Pain | <input type="checkbox"/> PMH consistent w/CVHD |

EMS Interventions

- | | |
|---|---|
| <input type="checkbox"/> 12 Lead EKG /Time_____ | <input type="checkbox"/> O2 |
| o Transmitted to MRH | <input type="checkbox"/> IV |
| <input type="checkbox"/> NTG | <input type="checkbox"/> Code Heart Initiated/Time_____ |
| <input type="checkbox"/> ASA | |

Time Intervals

- EKG to Start Transport Time _____
- EKG to Arrival Time _____

Hospital Interventions

- Code Heart
- Diagnosis _____
- Door to CCL Time _____
- Door to open vessel time _____

Outcome Data

- Admitted to: ICU _____ Step Down _____ Telemetry _____
- Discharged: Date _____
- Expired

Comments: _____
