INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION

(Please Stick Label)

STEMI CLERKING FORM (DOWNTIME FORM)

To be filled upby Emergency

Date of onset of ACS symptoms :

Date patient presented :

Time of onset of ACS symptoms(24H format): ☐ Not Available

Time patient presented (24H format) : ☐ Not Available

Time since onset :

Was patient transferred from another centre ? : ☐ No ☐ Yes Please specify,

To be filled up byCardiologist

Cardiology Review

☐ I have examined the patient and there are no changes identified

☐ Additional Notes / Changes identified :

Current Medications:

☐ As per Reconciliation

☐ As listed below

Main Diagnosis : **STEMI** Case discussed with :

InfarctAreas	STElevation
☐ Anteroseptal	V1-V4
☐ Anterior	V3, V4
☐ Lateral	I,aVL,V5,V6
☐ Extensiveanterolateral	I,aVL,V1-V6

Infarct Areas	ST Elevation
☐ Inferior	II,III,aVF
☐ Posterior	V7,V8,V9 (STD inV1-2)
☐ Right sided	RV3-RV6
☐ Left Main Stem	avR with STDI,aVL,V4-6

Killip Score :

☐ Killip I ☐ Killip II ☐ Killip III ☐ Killip IV

Problem List:

Care Plan

☐ Admit

☐ Oxygenation

Medication Plan : ☐ Continue patient's current medication

Additional :

DAPT

Has DAPT been loaded in another centre?

Pain Relief

☐ S/L GTNI/I PRN/TDS for chest pain

☐ IVI NTG mcg/min

☐ IVMorphine mg with IV maxolon 10mg stat

Beta Blocker :

ACE-I/ARB

Statins

Theraputic Intervention

☐ Primary PCI ☐ Rescue PCI ☐ Thrombolysis (Streptokinase / Metalyse)

☐ Medical therapy, specify reason _____

Investigations:

☐ Laboratory: FBC, RP, LFT, TFT, Ca, Mg, PO4, Coag Profile ☐ Serial CE (CK, CK-MB, Troponin-T)

☐ Serial ECG ☐ ECHO

☐ CXR

If Others, specify : _____

Dietary Request:

☐ Normal healthy diet ☐ Diet for diabetes

☐ Diet for dialysis (for ESKD Patient regular dialysis) ☐ Fluid restriction

If Therapeutic Diet, specify : _____

Patient & Family Education (PFE)

☐ Education on disease process

☐ Discuss on treatment and care plan with patient, spouse, next of kin, guardian, or parent(s)

☐ Patient Information Leaflet given

Name :_____ Signature: _____

Date & Time: _____