

MSH CATH CODE SHEET**PT DEMOGRAPHIC LABEL**

ED ATTENDING: _____

CATH LAB ATTENDING: _____

EMS NOTIFICATION TIME (EKG or call If applicable) _____AM/PM

ED ARRIVAL TIME (Not Triage Time) _____AM/PM

1st EKG TIME (Door to EKG goal <10 min Signed, Timed, Copied, Scanned) _____AM/PM

TIME STEMI NOTED _____AM/PM

SEEN BY ED ATTENDING _____AM/PM

CATH LAB NOTIFIED _____AM/PM

NAME OF MD CALLED _____

TIME CALLED BACK _____AM/PM

TIME FELLOW ARRIVED IN ED _____AM/PM

TIME PATIENT LEFT ED _____AM/PM

SBAR: NAME of ED RN: _____ Extension 46639

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|--|---|
| Chief complaint & Time of onset of symptoms | |
| Significant Med/Surg Hx Allergies Vital Signs | |
| Meds Given (circle med and indicate time) | Ticagrelor (Brillinta) 180 mg Time:_____ ASA (non-enteric, chewable) 325mg (total dose) Time:_____ Atorvastatin 80 mg Time:_____ Heparin bolus 4000 units Time:_____ |