



Hood River County Fire & EMS

Hood River • Parkdale • West Side • Wy'East • Cascade Locks

STEMI Checklist

Patient Name: _____ Date: ____/____/____

DOB: ____/____/____ Age: _____ Sex: Male Female Weight: _____ lb./kg.

Time of Onset: ____:____ Associated Symptoms: nausea vomiting diaphoresis syncope

Past Medical History: MI CABG CHF COPD Diabetes CVA Other: _____

Cardiac Rhythm: _____ HR: _____ BP: _____

EMT Treatment:

Determine that STEMI is occurring as verified by ST elevation in two or more leads. ST elevation in leads:

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6 Time: ____:____

*Note consult remarks on back of page.

Activate Life Flight (if unavailable begin transport to Cath Lab). Time: ____:____

*If transporting by **Life Flight** call PPMC to give them a heads up from the field – (503) 215-1211

*If transporting by **ground ambulance** to PPMC call ER 15-20 minutes prior to arrival – (503) 962-1370

Call PPMC Charge Nurse @ (503)962-1370 Time: ____:____

Apply defibrillator pads. Time: ____:____

Insert 2 IV lines (20ga. or larger) size: _____ location: _____ Time: ____:____

size: _____ location: _____ Time: ____:____

Obtain venous blood draw tubes Time: ____:____

Administer Oxygen – titrate to SpO₂ ≥94% Time: ____:____

O₂ Amount: ____ LPM via NRB Nasal BVM

Administer Aspirin 324mg PO. _____ mg @ Time: ____:____

*Do not give Aspirin if the patient has already his/her daily dose of 324mg or has any contraindications.

Administer Nitroglycerin 0.4mg SL if not contraindicated (see back).

Dose #1: ____:____ Dose #2: ____:____ Dose #3: ____:____

Administer Heparin 70 units/kg IV bolus. _____ units @ Time: ____:____

* See back for dosage guide.

Administer Clopidogrel (Plavix) 600mg PO. _____ mg @ Time: ____:____

* See back for contraindications.

Administer Narcotic Analgesic

Morphine Sulfate 2-5mg IV/IO every 3-5 minutes to a maximum of 20mg.

Dose #1: ____mg Time: ____:____ Dose #2: ____mg Time: ____:____ Dose #3: ____mg Time: ____:____

OR

Fentanyl 50-100mcg IV/IO every 3-5 minutes.

Dose #1: ____mcg Time: ____:____ Dose #2: ____mcg Time: ____:____ Dose #3: ____mcg Time: ____:____

EMT Signature: _____ Printed Name: _____

Date: ____/____/____ Time: ____:____ EMT Level: _____



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STEMI Checklist Supporting Information

Consult Information:

- Non-diagnostic ECG with potential “imitators” of ACS or ECG’s that are clinically concerning should be transmitted without STEMI activation. If transmission is unavailable, describe ECG to receiving hospital or contact OLMC. These “imitators” may include:
 - Left or Right Bundle Branch Block
 - SVT with aberrancy
 - Pericarditis
 - Digitalis Effect
 - Paced Rhythms
- Transmit ECG to PHRMH ER via the following e-mail: hrep4emts@gmail.com

Nitroglycerin Contraindications:

- HR >50 or HR >100 with confirmed STEMI (if no 12-Lead and HR <50 or >100, MUST contact OLMC prior to administration).
- Systolic BP <140.
- Nitroglycerin intolerance.
- Patients who have taken Viagra® (sildenafil citrate) or Levitra® (vardenafil HCL) within 24 hours, or who have taken Cialis® (tadalafil) within 48 hours.

Clopidogrel (Plavix®) Contraindications:

- Active pathological bleeding such as peptic ulcer or intracranial hemorrhage.
- Patients with bleeding disorders, recent surgery, hepatic impairment.
- Pregnancy.

Heparin Contraindications:

- Known allergy.
- Active bleeding (i.e. GI bleeding) and known bleeding disorder.
- Pregnancy
- Acute head trauma.
- Major surgery within last 2 weeks.

Heparin Bolus Dosing Guide: (based on Heparin concentration 5000units/1mL)

Weight (Pounds)	Weight (Kg)	Bolus Dose (70 mg/kg)	mL To Give
120	55	3818	0.8
130	59	4136	0.8
140	64	4455	0.9
150	68	4773	1.0
160	73	5091	1.0
170	77	5409	1.1
180	82	5727	1.1
190	86	6045	1.2
200	91	6364	1.3
210	95	6682	1.3
220	100	7000	1.4
230	105	7318	1.5

NOTE: Fax Patient Care Report (PCR) to PPMC as soon as possible. Fax #: (503) 216-2112 Attn: Adrienne STEMI Coordinator