

Acute Myocardial Infarction / STEMI Transfer Form

Please send with patient to Receiving Center

Patien	t N	ame

Data Sheet

Initial Facility Name: STEMI Receiving Center:		
Date of transfer	Transferring Physician:	
PATIENT NAME:	Contact phone number:	
Name of Staff members:		
Section I - completed at Transferring	Facility	
Indicator	Time (please record)	
Name of Patients Cardiologist/ PMD, if known		
Patient Arrival:	Date: Time:	
Mode of Arrival;		
If patient arrives via EMS; please include paramedic run sheet	POV or EMS	
Time of first EKG: in-hospital or pre-hospital (EMS)? (circle one)	Time:	
Time Receiving Center (cardiac facility) called:	Time: Accepted by:	
Were thrombolytics given?: Y or N		
Door to Needle goal = ≤30 minutes	Time (if applicable):	
Fax ECG/ Face sheet		
All appropriate EMTALA paperwork		
Send list of all medications given, doses, and times. Time	ASA: Dose/Time given:	
of ASA administration, Time and dose of Plavix, heparin given.	Plavix: Dose/Time given:	
Send patient's list of home meds with medical history that was obtained.	Heparin (unfractionated preferred): Dose/Time:	
	Other:	
EMS Transport requested:	Time:	
Mode of transport: (circle one) AIR Ground		
Name of Ambulance Company:		
EMS left Transferring Facility (very important)	Time:	
Thank You for this Transfer and feed back will follow.	Remember, this form stays with patient	
	STEMI Receiving Centers Resource Numbers: Hotline Fax	
! ATTENTION !	Bakersfield Heart Hospital	
This form goes with the patient.	661-316-6060 661-852-6376	
Please send with patient to the	Bakersfield Memorial Hospital	
STEMI Receiving Center	800-654-7373 661-861-0953 San Joaquin Community Hospital	
	661-869-6210 661-869-6971	