



## EMS STEMI Feedback Form

Receiving Center: \_\_\_\_\_

EMS Agency: \_\_\_\_\_

DOS: \_\_\_\_\_

Incident # \_\_\_\_\_

Narrative \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient was: \_\_\_ Admitted \_\_\_ Discharged \_\_\_ Other \_\_\_\_\_

Procedure Performed: \_\_\_ PCI \_\_\_ Diagnostic Angiogram \_\_\_ CABG \_\_\_

Other \_\_\_\_\_

Performance Improvement:

STEMI Care: \_\_\_ Appropriate

\_\_\_ Recommendation \_\_\_\_\_

\_\_\_\_\_

Pre-hospital Activation \_\_\_ Appropriate

\_\_\_ Recommendation \_\_\_\_\_

\_\_\_\_\_

Time to Transport \_\_\_ Appropriate

\_\_\_ Recommendation \_\_\_\_\_

\_\_\_\_\_



## EMS STEMI Feedback Form

Details:

Dispatch Time: \_\_\_\_\_

FMC: \_\_\_\_\_

Cath Lab Activation: \_\_\_\_\_

Arrival to Hospital: \_\_\_\_\_

Arrival to Cath Lab: \_\_\_\_\_

Case Start: \_\_\_\_\_

Reperfusion Time: \_\_\_\_\_

Door to Balloon Time: \_\_\_\_\_

FMC to Balloon Time: \_\_\_\_\_

Pre-Stenting Picture



LOUISIANA  
**EMERGENCY**  
**RESPONSE**  
**NETWORK**

Post-Stenting Picture

## EMS STEMI Feedback Form

EKG