



## Referral Hospital STEMI Feedback Form

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

Referral Center: \_\_\_\_\_

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

Visit # \_\_\_\_\_

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Other \_\_\_\_\_

Performance Improvement:

STEMI Care: \_\_\_\_\_ Appropriate

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

\_\_\_\_\_

Details:

Arrival Time to Referral Center: \_\_\_\_\_

EKG diagnosing STEMI: \_\_\_\_\_

Time of Departure of Referral Center: \_\_\_\_\_

Door in Door Out (DIDO): \_\_\_\_\_

Lytics Given \_\_\_\_\_ Yes \_\_\_\_\_ No



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

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

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

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

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

Arrival to Referral to Balloon Time: \_\_\_\_\_ (National Benchmark is 120 mins)

Pre-Stenting Picture

Post-Stenting Picture

EKG



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