Transporting crews:

Please **ALWAYS**, call the University Emergency Dept. after landing **at the transfer facility** with an update and your ETA.

**801-585-5000**

Or on the preset channel of Gold Cross Radio!

Thank you and have a safe flight!

University of Utah Health Care
DOOR IN TIME at presenting hospital: ____________

TIME of LYTIC (If applicable): ____________

DOOR OUT TIME from presenting hospital: ____________

ARRIVAL TIME at accepting hospital cath lab: ____________

INTERVENTION TIME: ____________

Call back phone # at your location for a follow-up report:

_________________________________________

(Please attach this page to front of chart and send with patient.)
STEAMI or New Left Bundle Branch Block Order Sheet

Once you identify **STEAMI**
Call University Hospital Transfer Center: 1-877-236-4828, indicate a STEMI

**IMMEDIATE ORDERS**

- Call to activate transport (1-877-236-4828)
- Insert 2 large bore IV lines (preferably on left side)
- Draw blood for CBC, BMP, Troponin, and PT/PTT
- ASA 81 mg x 4 tabs PO OR ASA 325 mg PR
- Heparin 60 units/kg bolus (max 4000 units) IV, followed by continuous gtt at 12 units/kg (max 1000 units/hour)
- Atorvastatin 80mg PO
- Infuse NS at 30 mL/hr OR O2 to keep SaO2>90%

---

**PCI Path**

- Goal is leaving the ED in < 30 minutes
- Pt is able to get to PCI center < 120 min
- Plavix 600 mg PO
- Package patient for transfer

**LYTIC Path**

- Pt is UNABLE to get to PCI center < 120 min
- STEMI DOSE LYTICS AND
- Plavix 300mg PO (if age ≤ 75 y.o.)
- OR
- Plavix 75mg PO (if age > 75 y.o.)
- Package patient for transfer

---

**Other Medications/Considerations**

- Nitroglycerin 0.4 mg SL Q5 min x 3. Hold SBP ≤ 100mmHg, HR < 50 bpm, or use of Viagra type med
- Nitroglycerin 10-200 mcg/min IV, titrate to pain relief and keep SBP ≥100mmHg (caution as above)
- Metoprolol 5mg IV q5 min X 3 (if no contraindication)
- Morphine Sulfate 2-4 mg IV prn pain
- Zofran 4 mg IV Q 8 hrs prn nausea
- Consider Therapeutic Hypothermia in comatose pt with STEMI or out of hospital arrest with STEMI

---

**Signature: ___________________________  Date: ___________________________**