

_____ NAME AMI DR _____
_____ INS _____

DISCHARGE DISPOSITION _____

COMFORT MEASURES (LOOK IN CONSENT TAB) DAY 0-1 _____ DAY 2 OR MORE _____ UTD _____

TRANSFER FROM ANOTHER ED Y / N

ARRIVAL DATE _____ ARRIVAL TIME _____

DATE OF ECHO _____ EF LESS THAN 40% Y / N _____

ASPIRIN RECEIVED 24 H BEFORE OR AFTER ARRIVAL Y / N

REASON FOR NOT ADMINISTERING Y / N _____

STEMI OR LBBB ON EKG "CLOSEST TO ARRIVAL" OR DOCUMENTED Y / N

PCI ELECTIVE Y/N

WIRE CROSS TIME _____

ASPIRIN PRESCRIBED AT DISCHARGE Y / N

REASON FOR NOT PRESCRIBING Y / N _____

ACEI PRESCRIBED AT DISCHARGE Y / N

ARB PRESCRIBED AT DISCHARGE Y / N

REASON NOT PRESCRIBING AT DISCHARGE Y / N _____

BETA BLOCKER AT DISCHARGE Y / N

REASON NOT PRESCRIBING BB AT DISCHARGE Y / N _____

HISTORY OF SMOKING Y / N

SMOKING CESSATION COUNSEL GIVEN Y / N

LDL TEST WITHIN 24 HOURS Y / N LDL # _____

REASON FOR NOT DOING LDL Y / N

STATIN AT DISCHARGE Y / N REASON NOT PRESCRIBING STATIN AT D/C Y / N _____

MED REC SIGNED Y / N

