

Susquehanna Regional EMS - STEMI Submission

The 2007 Susquehanna Regional EMS ALS Protocols **require** providers to notify the Regional Program Agency (SREMS) of any time a patient is transported with an ST Elevation Myocardial Infarction (STEMI). Please use this form to submit information about your call. Any questions should be directed to the SREMS Office at 607-778-1280 or your agency's ALS Supervisor.

PRINT NEATLY

In charge Provider Name: _____ EMT# _____

Agency: _____ Agency Code# _____

Date of Call: _____ / _____ /20____

PCR Number: _____

Did the patient initially wish to go to a hospital capable of Cardiac Catherization?

Yes No

If No, did you contact Medical Command at their choice facility and ask for a referral to a "STEMI Center"? Yes No Not Applicable

Did the Medical Command Physician refer you to the nearest "STEMI Center"?

Yes No Not Applicable

Medical Command Physician: _____

Comments/Concerns: _____

Your Signature: _____ Date: _____