SMART-AMI LHIN IV Project

Date of Event: October 19, 2010

Hospital of Presentation: St. Catharines General Hospital

Patient Demographics:

Age: 73 ID: 04152

STEMI ID Form Received:

No

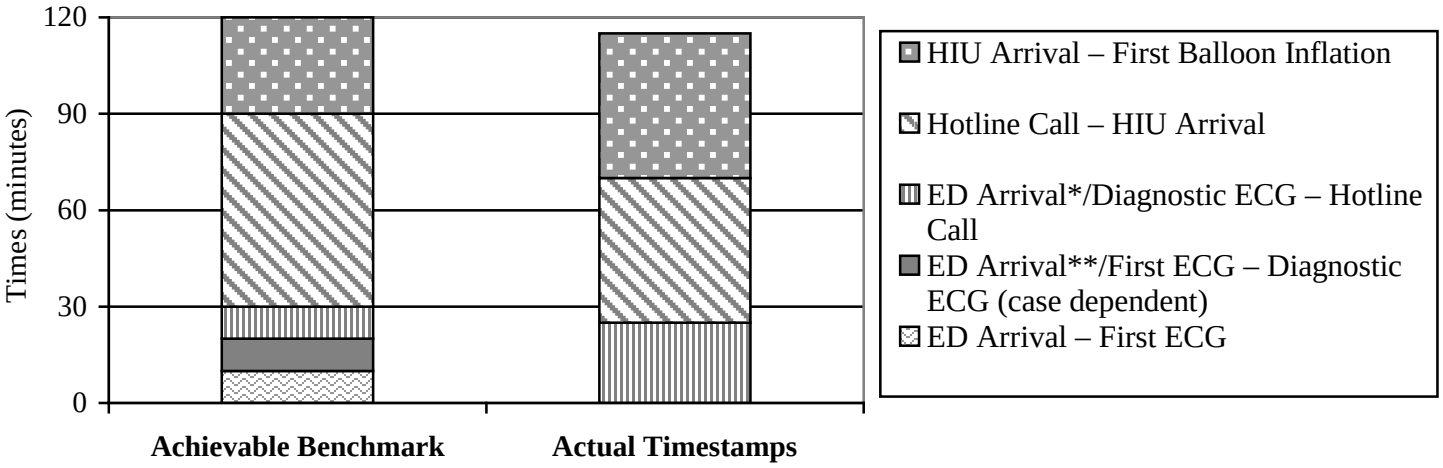
Reason for Referral: Primary PCI **Actual Procedure Performed:** Primary PCI

Location of Infarct: Anterior **Killip Class (I-IV):** I

Patient Presentation (EMS/Self): EMS (Niagara) **First ECG done in ambulance?** unk

Time Stamps:

Door to Balloon Time Analysis



Element	Time	Benchmark (Only applicable to Primary PCI referrals)	Achievement
Symptom Onset	13:25		
ED Arrival	14:25		
Ambulance ECG	Unk		
First Hospital ECG	14:25	Within 10 min of ED Arrival	0 min
Diagnostic ECG	14:25		
Hotline Call/Cath Lab Team Activated	14:50	Within 10 min of Diagnostic ECG or ED Arrival*	25 min
Arrival in Cath Lab	15:35	Within 30-60 min of Hotline Call	45 min
First Device Use/End of Procedure if Cath Only	16:20	Within 30 min of Arrival in Cath Lab	45 min
		Within 120 min of ED Arrival for PCI	115 min

*Applicable if ambulance ECG is the diagnostic ECG **Applicable if ambulance ECG and is not the diagnostic ECG

Additional Comments:

Coronary Anatomy: 70% stenosis in the distal left anterior descending artery

Cardiac Intervention: 1 bare metal stent inserted to the distal left anterior descending artery

Patient Disposition: pt transferred back to CCU for further care

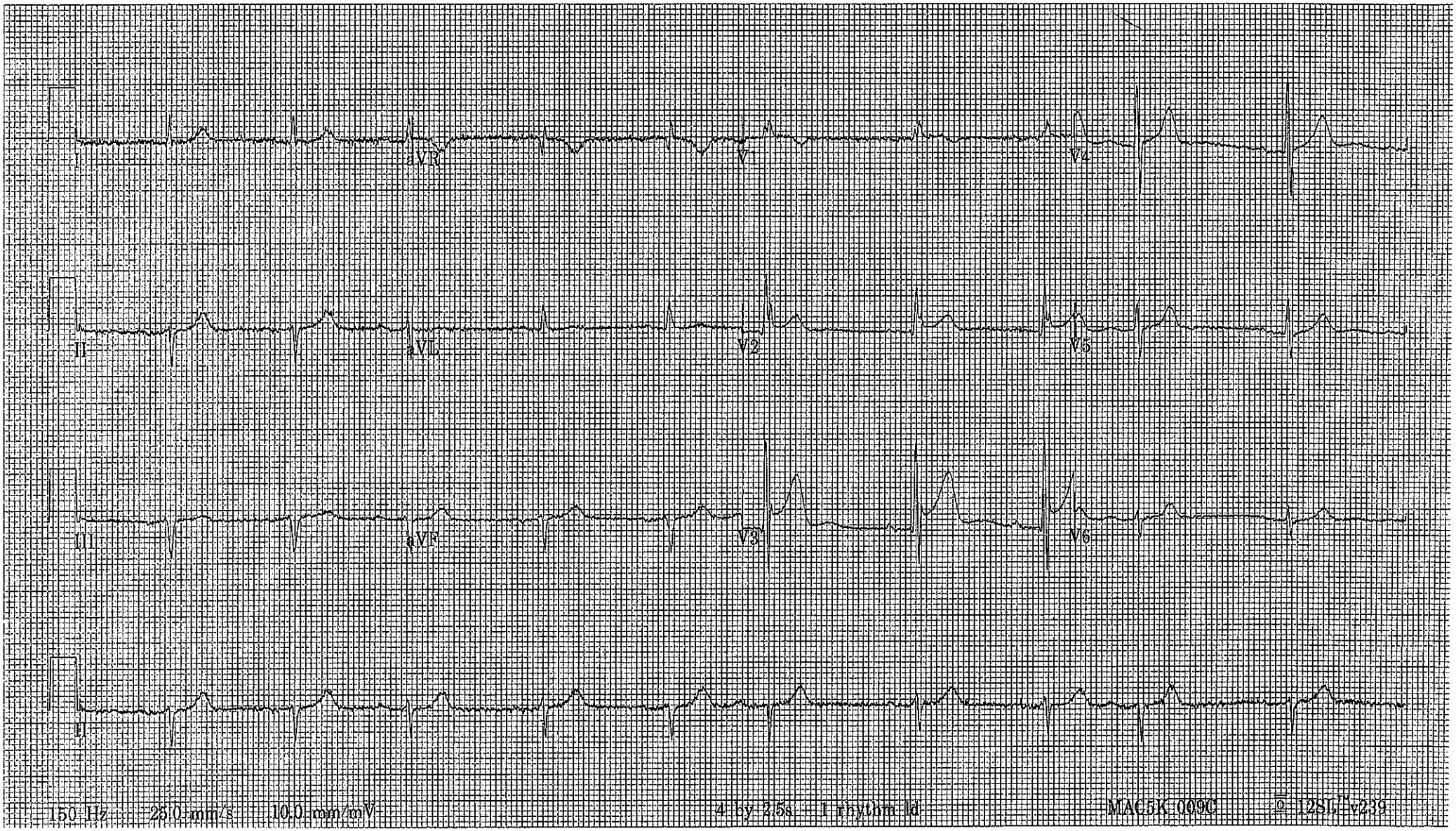
ID: K0000000 10 Oct-2010 14:25:49 ST. CATHARINES HOSPITAL SITE, NHS #1

Vent. rate	64 bpm
PR interval	190 ms
QRS duration	88 ms
QT/QTc	396/408 ms
P-R-T axes	48 -60 45

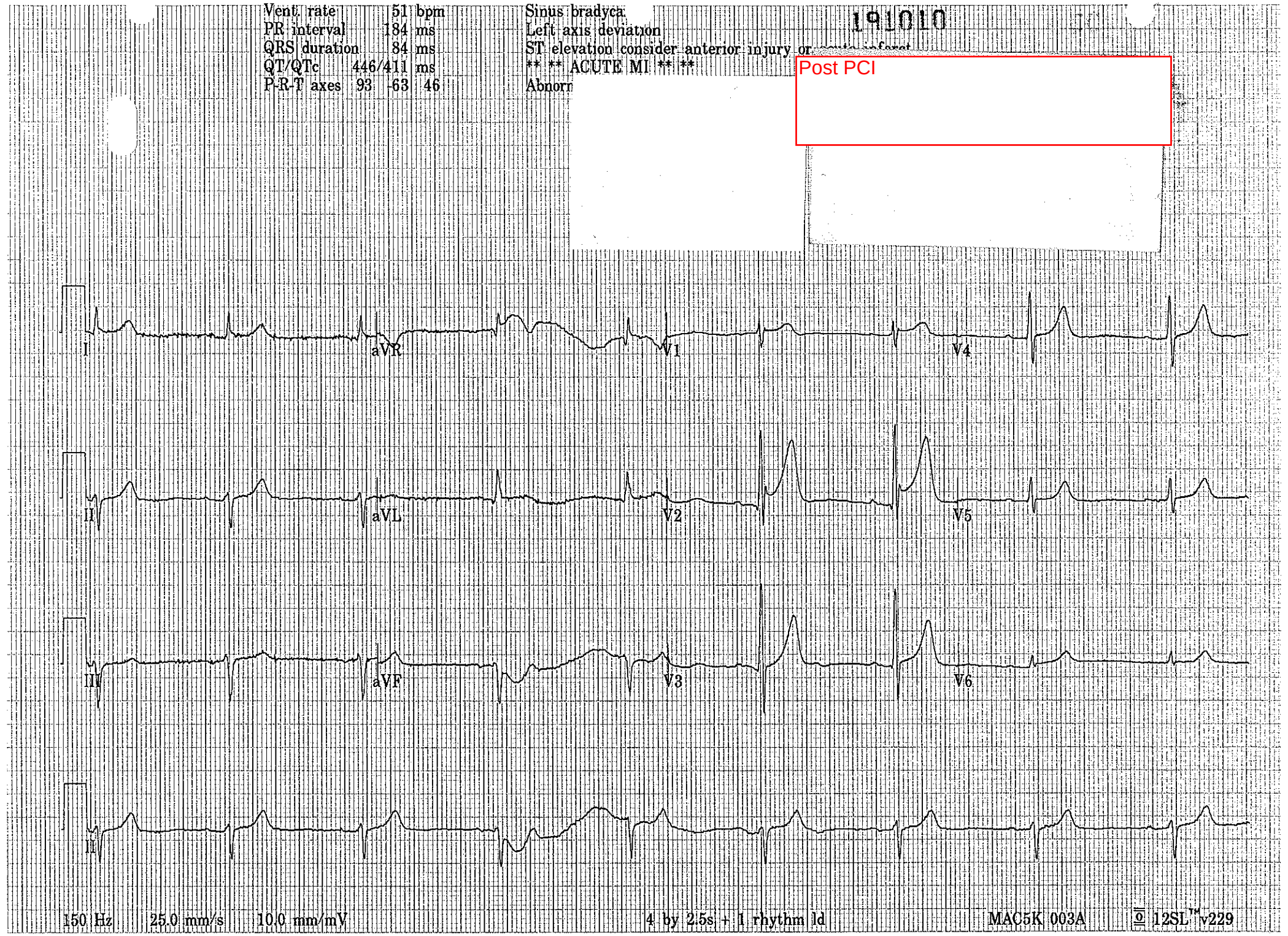
*** Poor data qu. .y, interpretation may be adversely affected
Sinus rhythm with premature supraventricular
Left axis deviation
ST elevation, consider anterior injury or acute i
** ** ACUTE MI ** **
Abnormal ECG

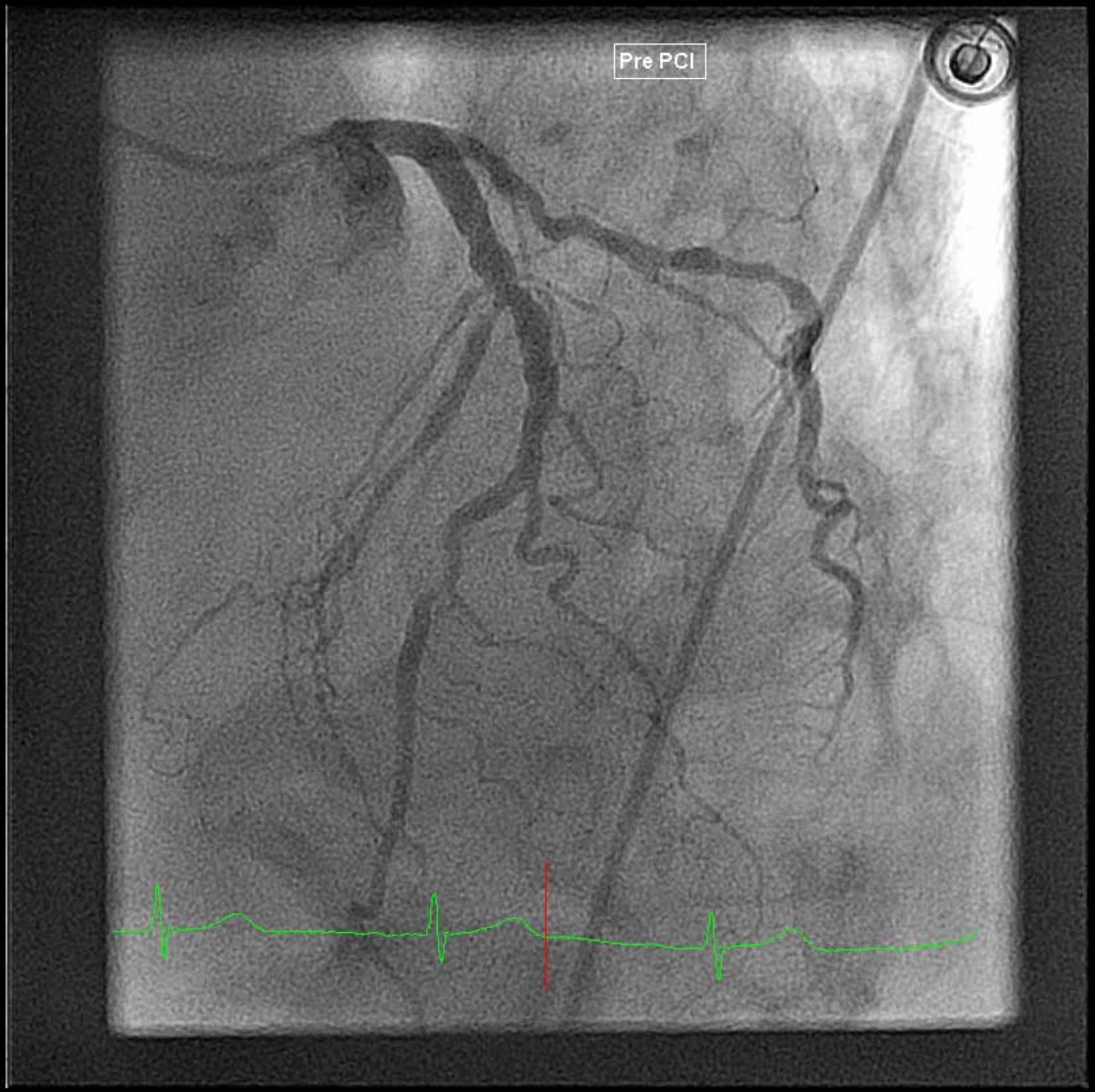
Pre PCI

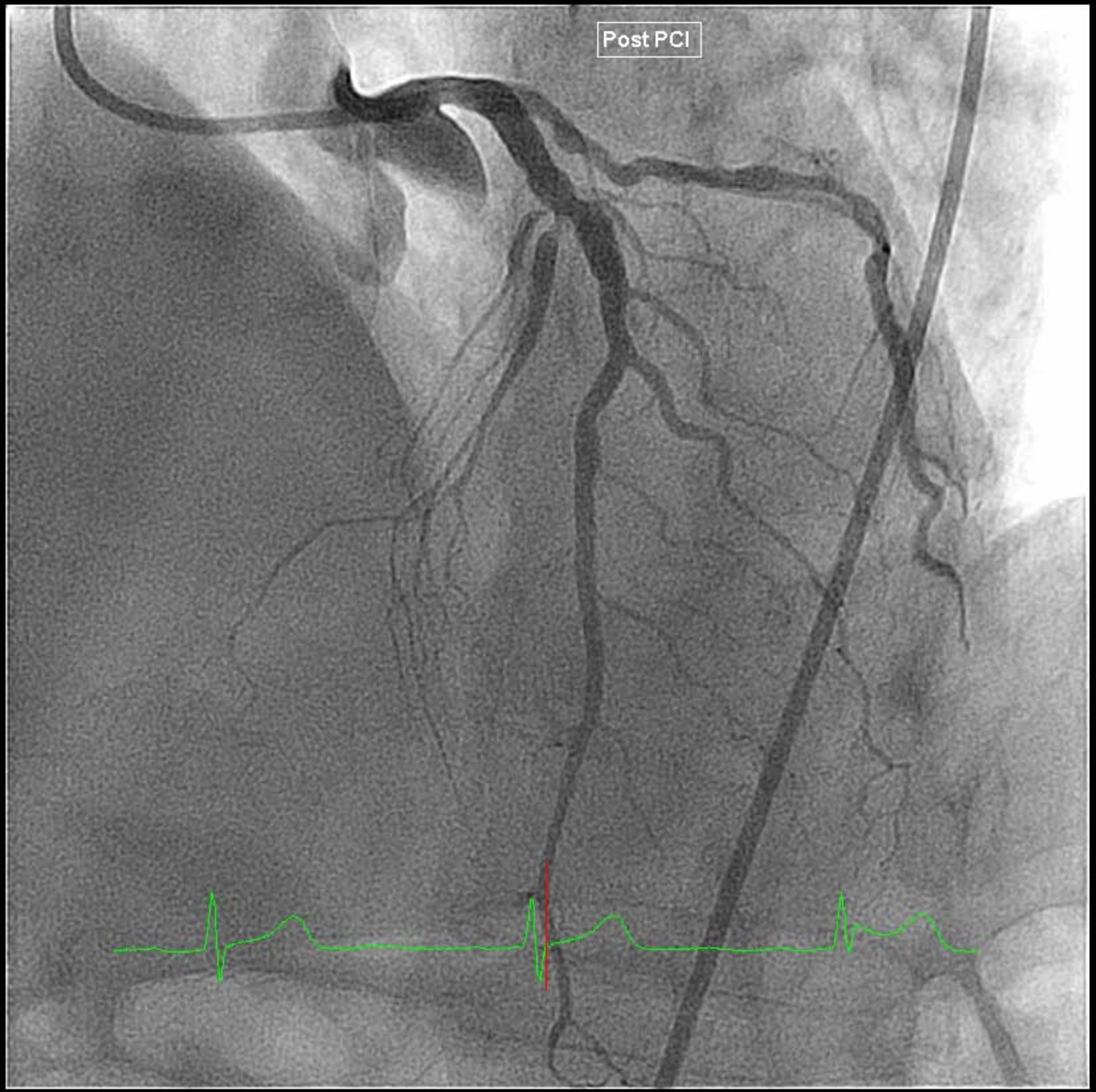
Technician: JG
Test ind: 12 LEAD



ID: 19-Oct-2010 17:35:04 HHSC General Division CCU




Pre PCI


Post PCI