## **SMART-AMI LHIN IV Project**

**Date of Event:** November 8, 2010

**Hospital of Presentation:** Welland Hospital

**Patient Demographics:** 

Age: 46

ID: 04203

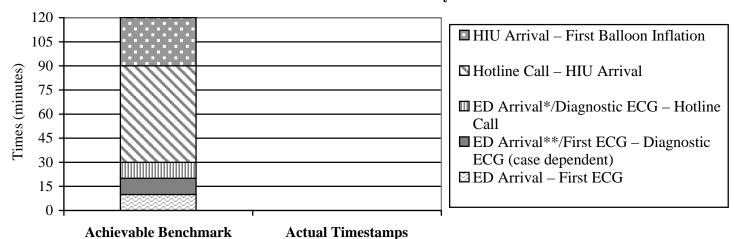
**Reason for Referral:** Rescue PCI **Actual Procedure Performed:** Rescue PCI

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

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

Time Stamps:

## **Door to Balloon Time Analysis**



Element	Time	Benchmark	Achievement
		(Only applicable to Primary PCI referrals)	
Symptom Onset	03:00		
ED Arrival	08:09		
Ambulance ECG	08:09		
First Hospital ECG	08:14	Within 10 min of ED Arrival	
Diagnostic ECG	08:09		
Hotline Call/Cath Lab Team Activated	10:45	Within 10 min of Diagnostic ECG or	
		ED Arrival*	
Arrival in Cath Lah	11.50	Within 30-60 min of Hotline Call	

Within 30 min of Arrival in Cath Lab

Within 120 min of ED Arrival for PCI

First Device Use/End of Procedure if

Cath Only

**STEMI ID Form Received:** 

No

**Additional Comments:** 1st EMS ECG done was not in chart but had the 2nd ECG by EMS (08:09). There was concern regarding aortic dissection given symptoms of radiation to the back so an urgent chest CT was done prior to thrombolytics, which was normal. Lysis administered 09:32 on November 8, 2010.

**Coronary Anatomy:** 95% stenosis in the left anterior descending artery, 90% stenosis in the right coronary artery and 50% stenosis in the obtuse marginal branch of the circumflex

Cardiac Intervention: 2 bare metal stents inserted to the left anterior descending artery

12:23

Patient Disposition: pt transferred back to CCU for further care

<sup>\*</sup>Applicable if ambulance ECG is the diagnostic ECG

<sup>\*\*</sup>Applicable if ambulance ECG and is not the diagnostic ECG

