



ACUTE STEMI REPERFUSION STANDARD ORDERS CHART AUDIT

Audit 10 emergency department charts at regional centres & 5 charts at non-regional centres bi-annually

Facility: _____ Date: _____ Audit completed by: _____

Medical Record Chart Number										
Desired response: Yes (Y) if completed, NA if not applicable, No if not completed	Y or NA	No	Y or NA	No	Y or NA	No	Y or NA	No	Y or NA	No
1. Allergies and reaction indicated.										
2. Height and weight recorded.										
3. STEMI confirmed.										
4. Criteria for primary PCI completed.										
5. If the patient is a candidate for primary PCI is indicated (yes or no).										
6. If the patient is a candidate for primary PCI, drugs prior to transport given.										
7. If the patient is not a candidate for primary PCI, patient was assessed for fibrinolytics and outcome is indicated.										
8. Physician signed on page 1.										
9. Page 1 of form was faxed to pharmacy.										
10. Baseline neuro assessment completed and recorded on Neurological Record.										
11. Enoxaparin IV bolus given and signed by 2 nurses on MAR										
12. TNK dosage is indicated and signed by 2 nurses on MAR										
13. Enoxaparin subcut given after TNK within 15 min. and signed by 2 nurses on MAR.										
14. Clopidogrel given.										
15. Assessment post TNK completed as per guidelines										
16. Disposition indicated.										
17. Physician signed on page 2.										
18. Page 2 of form was faxed to pharmacy										
Total number of Y responses only:										
Formula: $\frac{\text{Total \# of Yes responses}}{\text{Total \# of charts audited X 18 total possible responses}} \times 100 = \text{\% compliance with care map}$										
Recommendations for improvement: 										