

Patient Label

UW Hospital – Access Center: 608-263-6796 (local) or 800-472-0111 (outside Madison)

Symptom onset	EMS arrival	Arrival at ED	Call to transport	Transport Mode	
⌚ ____:____	⌚ ____:____	⌚ ____:____	⌚ ____:____	⌚ ____:____	Helicopter
					Ambulance

Arrival	Intubated	ECG Changes
EMS	Yes	Yes
Walk-In	No	No

Symptoms

	Chest Pain	Back Pain	Abdominal Pain	Leg Pain	Syncopal Attack	Mental Status Changes
Check all that apply:						

Madison Area Protocol Medications

Medication	Dose	Time	Verified by
Esmolol	0.5 mg/kg IV Bolus Start drip at 50 mcg/kg/min Maximum dose of 300 mcg/kg/min Target HR<60, B/P<120	⌚ _____ ⌚ _____ ⌚ _____	
Or			
Labetolol <small>(Labetolol or Esmolol should not be used simultaneously, use one or the other)</small>	20mg IV over 2 min Repeat with 40 mg-80mg IV at 10 minutes Maximum dose of 300mg Target HR <60, B/P<120	⌚ _____	
NTG	Start 10 mcg/min IV Titrate every 5 minutes Target HR=60, B/P<120	⌚ _____ ⌚ _____ ⌚ _____	
As Clinically Indicated			
Morphine/Fentanyl		⌚ _____	
Lorazepam		⌚ _____	
Contrast Allergy		⌚ _____	
Solumedrol 125mg IV Benadryl 50mg IV		⌚ _____ ⌚ _____	

Weight (kg)	Height	<input type="checkbox"/> No Known Allergies	
Allergies:			
Vital signs: B/P _____ HR _____ RR _____ SpO2 _____ L/m _____			

Referring Hospital: _____ ED Physician: _____ ED Physician call back phone # _____
 Accepting Surgeon: _____ RN giving Report: _____

OR arrival: ⌚ ____:____	OR Procedure Start: ⌚ ____:____
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Check reason for patient not being transferred to UWHC:	Sent to other facility _____	Weather _____	Death _____	Other _____
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At the time of transfer, fax this form and patient demographics to Attn: Donna at 608-265-1148 and send form with patient.