



CARDIAC ALERT Activation / Tracking Tool

Emergency Department to Complete This Section

Date ____/____/____

ED Physician _____
ED CRC _____

Cardiac Alert Activation Time _____

Activated by: WCPS ED Airlife of Greeley

Mode of Arrival: WCPS
 Airlife of Greeley
 Private Vehicle
 Other _____

Time of Arrival to ED _____

Blood Sent to Lab Yes No

Individuals to be Paged	Name	Call Back Time
Switchboard Ext #77	N/A	N/A
Administrative Representative		
Cardiologist on call		
Cath Lab Staff		
Cath Lab Staff		
Cath Lab Staff		

Note to BA: One cardiologist and three Catheterization Lab staff will respond within 5 minutes.
If no response in that time, re-page. If no response after second page, notify Administrative Representative.

Emergency Department BA Signature _____

Catheterization Lab to Complete This Section

Time of Diagnostic EKG _____

Time of Arrival to Cath Lab _____

Time Balloon Inflated _____

Catheterization Lab Staff Signature _____

Staff Member at Monitor

Door to Balloon Time _____

Patient Label