

TROPONIN

On arrival	No <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂
	Level:	

Repeat	Time:	Level:
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MEDICATIONS PRESCRIBED IN THE ED

Aspirin	No <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂
	Contraindicated <input type="checkbox"/> ₃	Dose
	Already given <input type="checkbox"/> ₄	

Clopidigrel	No <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂
	Contraindicated <input type="checkbox"/> ₃	Dose

Enoxaparin	No <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂
	Contraindicated <input type="checkbox"/> ₃	Dose

Thrombolysis	No <input type="checkbox"/> ₁	Yes <input type="checkbox"/> ₂
	Contraindicated <input type="checkbox"/> ₃	Which?

REFERRAL FOR PCI ATTENDED IN ED

No ₁

Yes ₂

CHEST XRAY

No ₁

Yes ₂

SpO₂ ON ROOM AIR LESS THAN 93% ON ROOM AIR

No ₁

Yes ₂

OXYGEN ADMINISTERED

No ₁

Yes ₂

DISCHARGE DIAGNOSIS (AS RECORDED IN EDIS)

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DISCHARGE DISPOSITION

Discharged ₁

Admitted ₂

Transferred ₃

Died in ED ₄

Left against medical advice ₅