

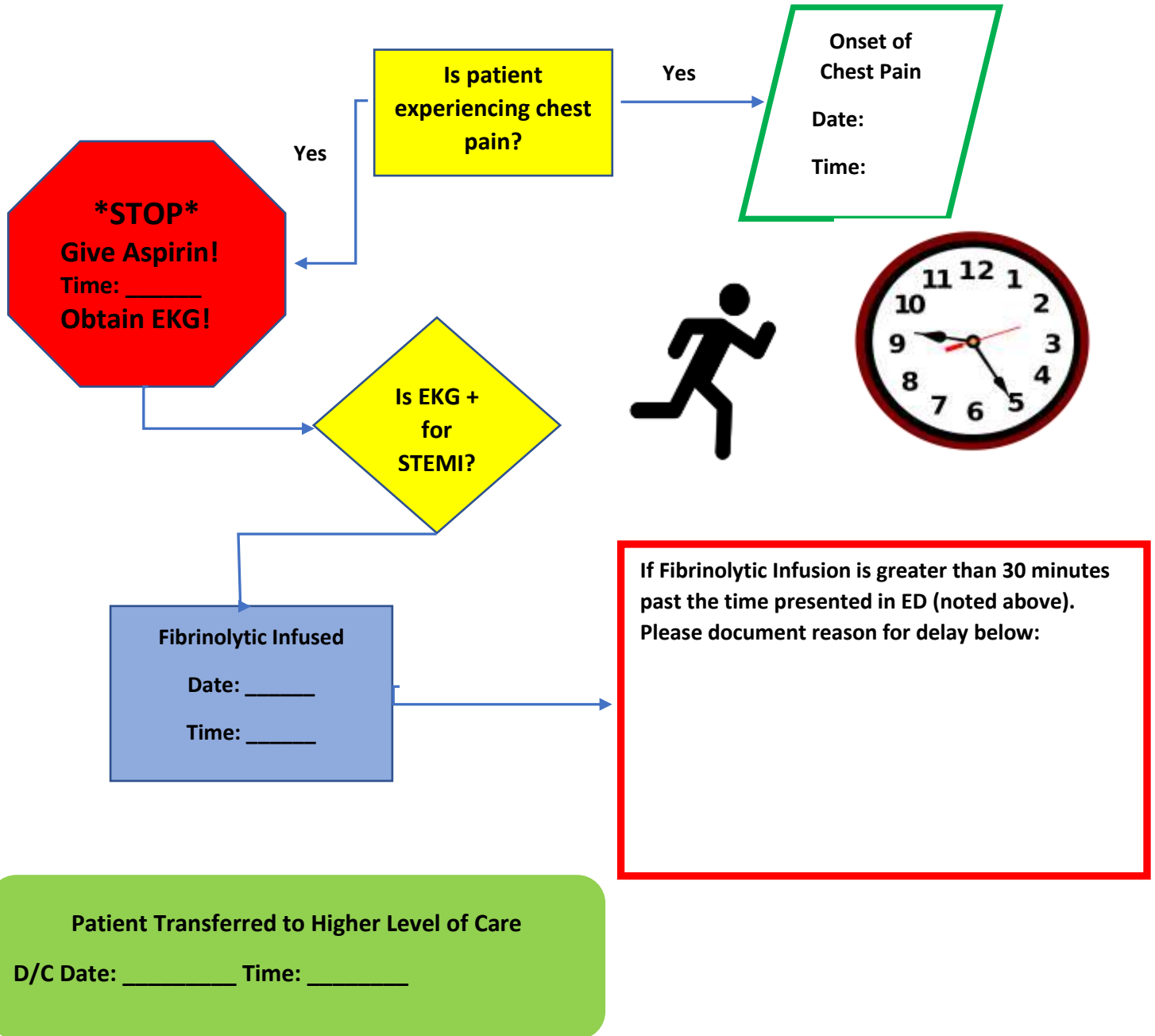
Chest Pain AMI Quality CareMap

(OP-1, 2, 3, 4, and 5)

This concurrent audit form should be a part of each ED admission packet. The flowchart will assist the care team in tracking quality measures in the ED for patients presenting with chest pain.

Patient Name: _____ DOB: _____ MR #: _____

ED Arrival Time: _____ Seen by Physician: _____



Name of Person Completing Form: _____ Date: _____

This form is protected as part of the hospital's quality committee. This form is not part of the patient's medical record and should be forwarded to the quality department upon completion.