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| --- | --- | --- | --- | --- | --- | --- |
| **FACILITY NAME & DATE:** | | | |  | | |
| PATIENT INFORMATION & RESULTS OBTAINED | | | | | | |
| Patient ID: |  | | | | Date / time collected: |  |
| Chief complaint: |  | | | | Admitted: | Yes  No |
| i-STAT RESULT: |  | | | | Comparative result: |  |
| If serial tests were performed, please indicate collection date, time, and results: | | | | | | |
|  | | | | | | |
| Was an EKG performed? | | Yes  No | | | | |
| *If yes, what were the findings?* | | | | | | |
|  | | | | | | |
| Did patient go to the Cath Lab? | | | Yes  No | | | |
| *If yes, what were the findings?* | | | | | | |
|  | | | | | | |
| Does the patient have a history of: MI, CHF, renal disease, or heterophile antibodies? | | | | | | |
|  | | | | | | |
| Discharge date and diagnosis: | | | | | | |
|  | | | | | | |
| Comments/Findings: | | | | | | |
|  | | | | | | |