2008-2009 Core Measure
Adult Inpatient AMI
Patient Summary Audit Form
PLEASE COMPLETE EACH SECTION

Diagnosis_____Date_____

Clinical Standard	Summary of Patient Care
ASA 325 mg p.o. given upon arrival, if contraindicated must document reason	Time_____Dose_____ or if contraindicated must document reason: _____
Beta Blocker given upon arrival, if contraindicated must document reason	Drug_____Dose_____ Time_____ or if contraindicated must document reason: _____
Smoking Cessation Advice/Counseling--patients must receive smoking cessation advice or counseling during the inpatient stay--if patient is a smoker or has smoked within the last year	Patient smokes or smoked within the last year: yes □ no □ ↓ Counseled about quitting □ Smoking cessation packet given □ Patient refused counseling/education □
Discharge meds should include: ▪ ACEI or ARB if LVEF <40% ▪ ASA If not given, the reason must be documented	Drug_____Dose_____ or if contraindicated must document reason: _____ Dose_____ or if contraindicated must document reason: _____
Physician Signature: _____	**Date:_____** **Time:_____**

Ventura County Medical Center
Santa Paula Hospital
2008-2009 CORE MEASURE AMI
PATIENT SUMMARY FORM

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