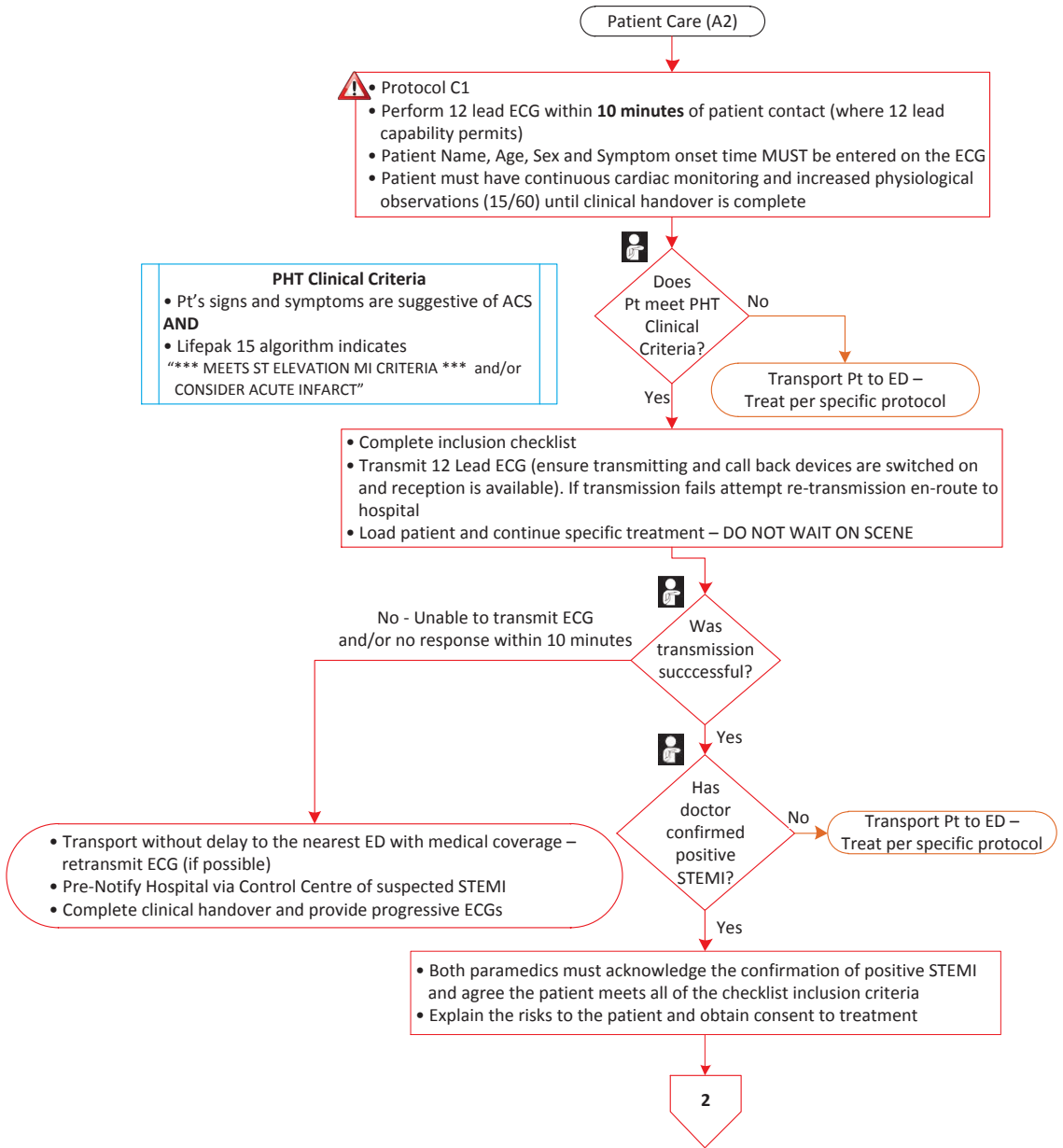


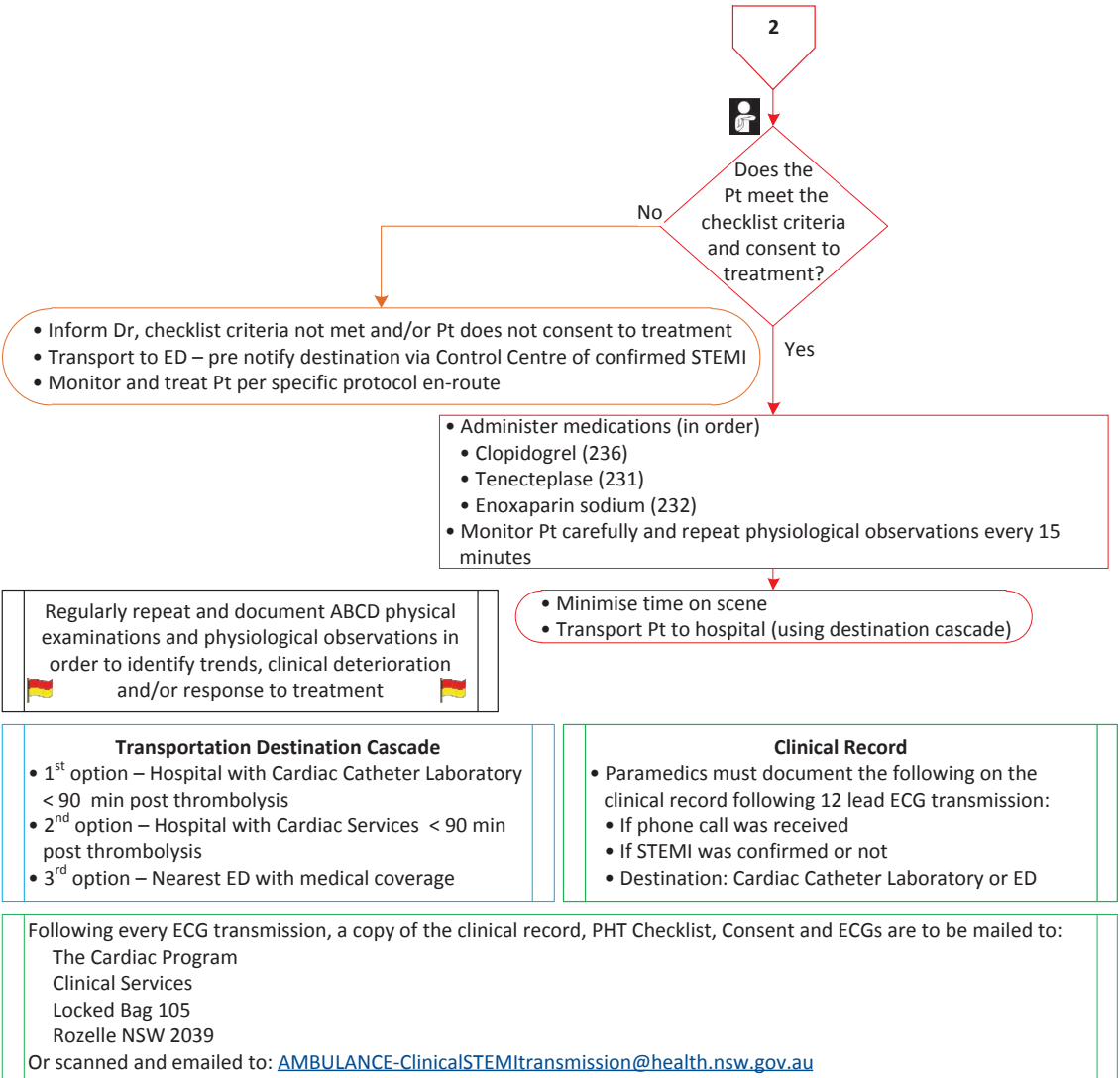
PROTOCOL: C13 CARDIAC REPERFUSION - PRE HOSPITAL THROMBOLYSIS (PHT)


Treatment:



! If no call back is received following a successful transmission, please notify the cardiovascular team via email: AMBULANCE-ClinicalStemiTransmission@health.nsw.gov.au
 Include the following information:
 1/ Patient's name
 2/ Time, Date and destination of the ECG transmission

Treatment Continued:



 If no call back is received following a successful transmission, please notify the cardiovascular team via email: **AMBULANCE-ClinicalStemiTransmission@health.nsw.gov.au**
Include the following information:
1/ Patient's name
2/ Time, Date and destination of the ECG transmission