

Acute Coronary Syndrome – VT EMS District 6 STEMI Protocol

The goal for EMS care is to transport patient to a Percutaneous Coronary Intervention (PCI) facility within **90** minutes from the recognition of a ST-Elevation Myocardial Infarction (STEMI) at the scene. Early notification of the receiving facility is vital. **A paramedic must be present to transport directly to a PCI center.**

	STEMI ACTIVATION PROCESS	EMS INTERVENTIONS
<p>Central VT Med Ctr (Berlin, VT)</p> <ul style="list-style-type: none"> 802-371-4999 (ED phone) 802-371-4481 (ED fax) <p>LOCAL PCI / CATH LABS</p> <p>“I am calling a STEMI alert.”</p> <p>Dartmouth Hitchcock (Lebanon, NH)</p> <ul style="list-style-type: none"> 603-650-6911 (ED phone) 603-650-0660 (ED fax) <p>UVM Medical Ctr (Burlington, VT)</p> <ul style="list-style-type: none"> 802-847-1962 (ED phone) 802-847-2166 (ED fax) 	<ul style="list-style-type: none"> ECG obtained in field within 10 minutes. ECG automated interpretation shows STEMI or physician/Paramedic reads STEMI. EMS crew calls STEMI alert to PCI facility or requests activation through medical control. EMS crew treats STEMI per protocol. Consider paramedic intercept. Consider aeromedical transport (helicopter activation) if response time for helicopter is less than transport time to closest ED.. If patient deemed unstable per EMS crew/medical control, then patient taken to nearest Emergency Department. <p>Transmit ECG to CVMC ED</p> <ul style="list-style-type: none"> 802-371-4999 (Medical Control) 802-371-4481 (ED fax) 	<ul style="list-style-type: none"> RAPID ECG Airway Oxygen for pulse ox <94% Aspirin IV/IO access Nitroglycerin Narcotics Anti-emetics Dysrhythmia treatment Cardioversion/defibrillation <p>PREVENTING FALSE ACTIVATION</p> <ul style="list-style-type: none"> Assure quality 12-lead ECG Good skin prep/lead contact Correct lead placement Level tracing baseline Limit motion and artifact Good waveform in all 12 leads

EMT STANDING ORDERS
<p>E</p> <ul style="list-style-type: none"> Rapid 12-lead ECG acquisition & transmission to online medical control if automated ECG interpretation reads “Acute MI” or “Meets ST Elevation MI Criteria.” <ul style="list-style-type: none"> Fax ECG to CVMC ED (based on field cell/internet availability). Call CVMC ED to advise of ECG transmission and to speak to ED physician. Follow Protocol 3.0 (Acute Coronary Syndrome). Repeat ECG as clinically indicated as STEMI can develop over time.

ADVANCED EMT STANDING ORDERS
<p>A</p> <ul style="list-style-type: none"> Establish large-bore IV and consider establishing a second IV. Consider 500 mL normal saline IV fluid bolus for hypotension (systolic BP < 100mmHg).

PARAMEDIC STANDING ORDERS
<p>P</p> <ul style="list-style-type: none"> Activate STEMI alert by contacting PCI center directly. Call medical control if assistance is needed with STEMI alert activation. Treat nausea, dysrhythmias & hypotension/cardiogenic shock per VT Protocols.

GOAL:

**90
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**from ECG
to arrival at
PCI facility**

- Quickly determine:
 - If a STEMI is present
 - If patient is stable
 - If air transport is needed
- Transport according to patient informed consent and facility preference given STEMI diagnosis and PCI availability.
- Notify receiving facility ASAP.



Cardiac Protocol