

SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
PREHOSPITAL POLICY

Policy Reference No: 201.2

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SUBJECT: STEMI TRIAGE AND DESTINATION

#### PURPOSE

To establish guidelines for Emergency Medical Services personnel to identify and transport patients with acute ST-segment Elevation Myocardial Infarction (STEMI) who could benefit from the rapid response and specialized services of a STEMI Receiving Center (SRC).

#### AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.67, 1798, 1798.170.

#### DEFINITIONS

- A. Percutaneous Coronary Intervention (PCI): A broad group of percutaneous techniques utilized for the diagnosis and treatment of patients with STEMI.
- B. Return of Spontaneous Circulation (ROSC): The return of a palpable pulse after cardiac arrest.
- C. STEMI: An acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- D. "STEMI Alert": A report from prehospital personnel that notifies a STEMI Receiving Center as early as possible that a patient has a specific computer-interpreted prehospital 12-lead ECG indicating a STEMI, allowing the SRC to initiate the internal procedures to provide appropriate and rapid treatment interventions.
- E. STEMI Receiving Center (SRC): A facility licensed for cardiac catheterization laboratory and recognized as an SRC by the San Luis Obispo County Emergency Medical Services Agency.
- F. STEMI Referral Hospital (SRH): An acute care hospital in San Luis Obispo County that is not designated as a STEMI Receiving Center.

#### POLICY

This policy applies to adult patients with chest pain or other symptoms indicative of Acute Coronary Syndrome (ACS) with a 12-lead ECG demonstrating elevated ST-segments indicating a specific type of myocardial infarction.

- A. Determine if patient condition meets STEMI Patient Triage Criteria.
- B. Contact the nearest SRC as soon as possible with “STEMI Alert” notification or for destination consultation through the appropriate Base Hospital.
- C. Transport to the nearest SRC or as directed by that SRC.

## PROCEDURE

- A. STEMI Patient Triage Criteria (note that performance of 12 lead ECG should not delay initiation of treatment or transport):
  1. Patients meeting Adult Cardiac Chest Pain Treatment Protocol #607 or with indications for 12-lead ECG per Policy #619, with computerized interpretation of an accurately performed pre-hospital 12-lead ECG indicating \*\*\*Acute MI\*\*\* or \*\*\*Acute MI Suspected\*\*\* (or equivalent computer interpretation).
  2. Post cardiac arrest patients that have had a Return of Spontaneous Circulation (ROSC) with a Prehospital 12-lead ECG computerized interpretation of \*\*\*Acute MI Suspected \*\* either before or after the cardiac arrest
- B. Destination and Notification
  1. Transport to nearest SRC
    - a. Patients meeting the STEMI Patient Triage Criteria are considered a “STEMI Alert” and shall be transported to the nearest SRC.
    - b. The SRC Emergency Department shall be notified as early as possible of the incoming “STEMI Alert” and shall activate the SRC’s internal STEMI/PCI system.
  2. An Emergency Department physician at the intended SRC shall be consulted to determine patient destination in the following “STEMI Alert” situations:
    - a. The patient is unstable with a BP<90 and transport time to the SRC would add more than 30 minutes to the transport time to a STEMI Referral Hospital (SRH).
    - b. Patient is uncooperative with the procedure and/or expresses a personal preference for destination other than the SRC; see *Prehospital Policy 122: Patient Refusal of Treatment or Transport*.
  3. Patients who en route develop unmanageable airway or cardiac arrest without ROSC shall be transported to the closest hospital, with the transporting provider notifying the intended SRC of the change in destination.
- C. “STEMI Alert” Notification
  1. For patients with identified STEMI, destination shall be promptly determined after the prehospital 12-lead ECG is completed and read. The SRC shall be notified as soon as possible.
  2. The “STEMI Alert” notification shall contain the following information:
    - a. Call identified as a “STEMI Alert”
    - b. ETA to SRC
    - c. Patient age and gender
    - d. Confirmation of ECG reading and whether it appears to be free of significant artifact

- e. Confirmation that the appropriate treatment protocol is being followed
- f. Results of any medications given
- g. Additional information if required:
  - i. Any confusion regarding chief complaint or treatment
  - ii. Destination decision assistance

D. Documentation

1. Findings of prehospital 12-lead ECGs, the time of the "STEMI Alert," and patient identification shall be documented on the 12-lead ECG and the prehospital PCR.
2. Two (2) copies of the prehospital 12-lead ECG (multiple if performed) shall be made, with one delivered to the receiving hospital responsible for the continued care of the patient, and one included with the prehospital PCR.