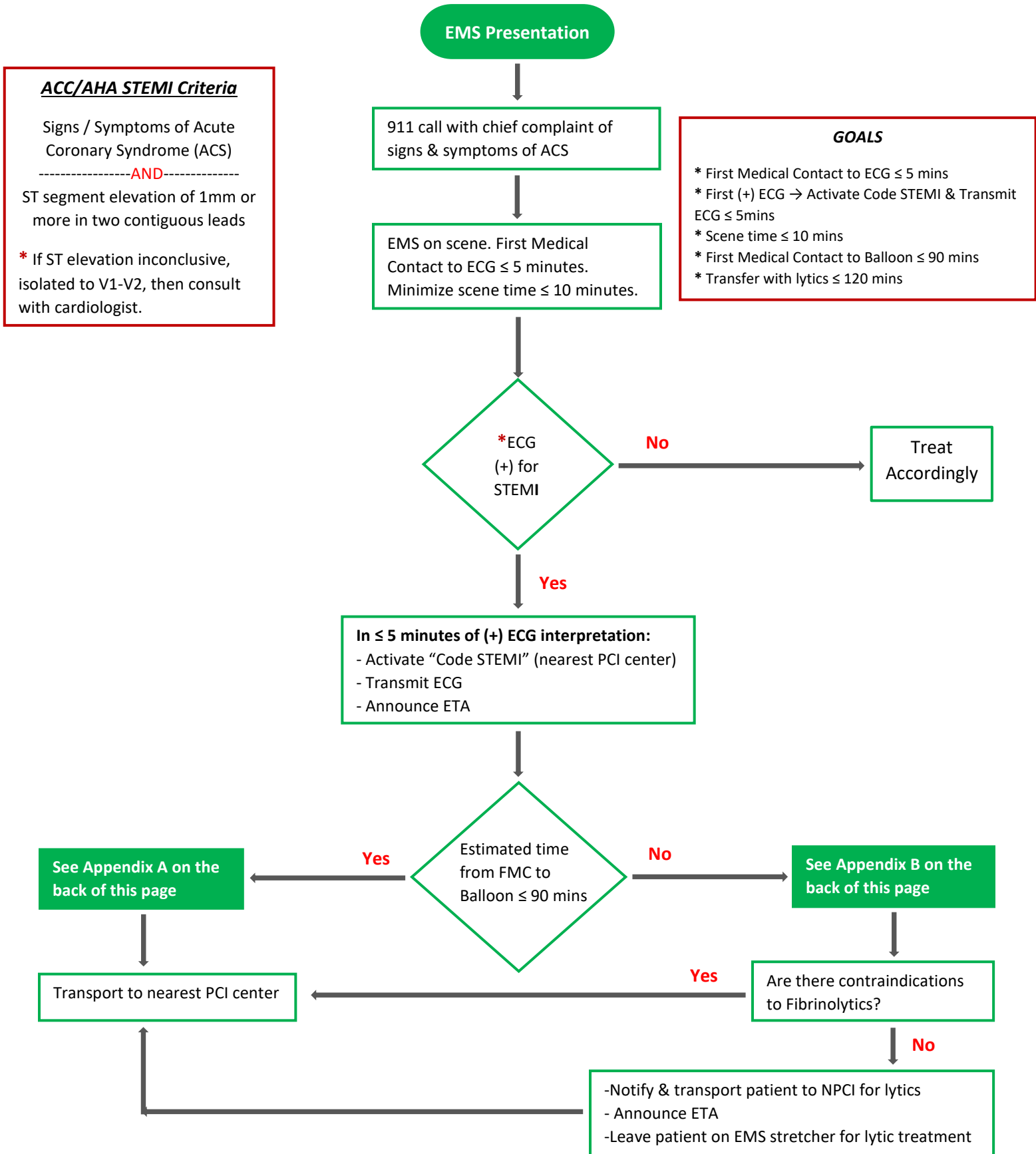


EMS: STEMI POINT OF ENTRY



ACC/AHA STEMI Criteria

Signs / Symptoms of Acute Coronary Syndrome (ACS)

-----AND-----

ST segment elevation of 1mm or more in two contiguous leads

* If ST elevation inconclusive, isolated to V1-V2, then consult with cardiologist.

GOALS

- * First Medical Contact to ECG ≤ 5 mins
- * First (+) ECG → Activate Code STEMI & Transmit ECG ≤ 5mins
- * Scene time ≤ 10 mins
- * First Medical Contact to Balloon ≤ 90 mins
- * Transfer with lytics ≤ 120 mins

In ≤ 5 minutes of (+) ECG interpretation:

- Activate "Code STEMI" (nearest PCI center)
- Transmit ECG
- Announce ETA

See Appendix A on the back of this page

Transport to nearest PCI center

See Appendix B on the back of this page

Are there contraindications to Fibrinolytics?

-Notify & transport patient to NPCI for lytics
- Announce ETA
-Leave patient on EMS stretcher for lytic treatment

Appendix A

Patient Priorities Prior to or During Transport

DO NOT DELAY TRANSPORT

- Oxygen- titrate to maintain O2 Sat between 94-99%
- Establish saline lock- large bore, (AC preferred, avoid hand)
- Chewable Aspirin PO: Adult 325mg; Baby 324mg
- Heparin 60 units/kg IV, max dose is 4,000 units (if available)
- Cardiac Monitor – attach d-fib pads
- Obtain vital signs and pain scale

Patient Care when time allows

DO NOT DELAY TRANSPORT

- Transmit ECG to nearest PCI Receiving center
- Establish 2nd saline lock – large bore, (avoid hand)
- Nitroglycerin 0.4mg SL every 5 min (max 3 doses) until pain subsides & SBP remains > 100 (Caution with Inferior MI)
- Morphine or Fentanyl IV PRN for chest pain unrelieved by NTG
- Consider antihypertensive agent for BP > 160/90

*Appendix B

Fibrinolytic Checklist:

Must be completed prior to administration. If any below are “yes”, fibrinolysis may be contraindicated. Contact receiving physician for guidance.

Absolute Contraindications

- Yes No: Any prior intracranial hemorrhage
- Yes No: Known structural cerebral vascular lesion (ie: arteriovenous malformation)
- Yes No: Allergy to thrombolytics
- Yes No: Ischemic stroke < 3 months
- Yes No: Known malignant intracranial neoplasm
- Yes No: Suspected aortic dissection
- Yes No: Active bleeding or bleeding diathesis (excluding menses)
- Yes No: Significant closed-head or facial trauma < 3 months
- Yes No: Severe uncontrolled hypertension (unresponsive to emergency therapy)
- Yes No: Intracranial or intraspinal surgery within 2 months
- Yes No: For streptokinase, prior treatment within the previous 6 months

Relative Contraindications

- Yes No: History of chronic, severe, poorly controlled hypertension
- Yes No: Significant HTN on presentation (SBP >180mmHg or DBP > 110mmHg)
- Yes No: History of prior ischemic stroke > 3 months
- Yes No: Dementia
- Yes No: Known intracranial pathology not covered in absolute contraindications
- Yes No: Traumatic or prolonged CPR > 10 minutes
- Yes No: Recent internal bleeding (<4 weeks)
- Yes No: Major surgery < 3 weeks
- Yes No: Noncompressible vascular punctures
- Yes No: Pregnancy
- Yes No: Active peptic ulcer
- Yes No: Oral anticoagulant therapy

* Viewed as advisory for clinical decision making and may not be all-inclusive or definitive.

O’Gara, P.T. et al (2013). 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction. *Circulation*, 2013;127: e362-e425.
Doi: <https://doi.org/10.1161/CIR.0b013e3182742c84>