

POLICY #152: STEMI TRIAGE AND DESTINATION

I. PURPOSE

- A. To establish guidelines for Emergency Medical Services (EMS) 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).

II. SCOPE

- A. 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

III. DEFINITIONS/GLOSSARY

- Percutaneous Coronary Intervention (PCI): A broad group of percutaneous techniques utilized for the diagnosis and treatment of patients with STEMI.
- Return of Spontaneous Circulation (ROSC): The return of a palpable pulse after cardiac arrest.
- STEMI: An acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- "STEMI Alert": A report from EMS 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.
- STEMI Receiving Center (SRC): A facility licensed for cardiac catheterization laboratory and recognized as an SRC by the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency).
- STEMI Referral Hospital (SRH): An acute care hospital in the County of San Luis Obispo (SLO) that is not designated as a STEMI Receiving Center.

IV. POLICY

- 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

V. PROCEDURE

- A. Determine if patient condition meets STEMI Patient Triage criteria:
 1. Patients meeting EMS Agency Protocol Adult Chest Pain #640: or with indications for 12-lead ECG per EMS Agency 12 lead ECG Policy #707 with

computerized interpretation of an accurately performed pre-hospital 12-lead ECG indicating ***Acute MI Suspected*** (or equivalent computerized interpretation).

B. Destination and Notification

1. Transport to nearest SRC or as directed by a SLO SRC.
 - a. Patients meeting the STEMI Patient Triage Criteria are considered a "STEMI Alert" and must be transported to the nearest SRC.
 - b. Patients with ROSC regardless of 12-lead ECG reading
 - c. The SRC Emergency Department must be notified as early as possible of the incoming "STEMI Alert" and /or ROSC and will activate the SRC's internal STEMI/PCI system.
2. An Emergency Department physician at the intended SRC must be consulted to determine patient destination in the following "STEMI Alert" situations:
 - a. The patient is unstable with a SBP<90mmHg 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 EMS Agency Policy #203: Patient Refusal of Treatment or Transport.
3. Patients who enroute develop unmanageable airway or cardiac arrest without ROSC must be transported to the closest hospital, with the transporting provider notifying the intended SRC of the change in destination.

C. Contact the nearest SRC as soon as possible with "STEMI Alert" Notification

1. For patients with identified STEMI, destination must be promptly determined after the prehospital 12-lead ECG is completed and read. The SRC must be notified as soon as possible.
2. The "STEMI Alert" notification must 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:
 - (1) Any confusion regarding chief complaint or treatment.
 - (2) Destination decision assistance.

D. Documentation

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

VI. AUTHORITY

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