

STEMI ALERT

OVERVIEW:

A “STEMI Alert” allows a provider in the field to notify the receiving hospital of an incoming acute myocardial infarction. Early notification of a STEMI and preparation by the receiving facility allows a reduction in overall time between onset of symptoms and definitive treatment. This protocol is a guideline to follow when deciding which facility to transport patients who may have an MI or other cardiac complaints. It should be noted that the receiving hospital can determine the level of response it implements for a “Cath Alert.” The hospital may choose to direct admit to the cath lab or evaluate the patient further in the ER. This skill is authorized for Paramedic providers only.

INDICATIONS:

- ❑ STEMI alert is indicated if patient has chest pain or VF/VT which has been converted, with no LBBB **AND:**
 - >1 mm ST elevation in 2 contiguous lateral leads (I, aVL, V4, V5, & V6) **OR**
 - >1 mm ST elevation in 2 contiguous inferior leads (II, III, & aVF) **OR**
 - >2 mm ST elevation in two contiguous chest leads (V1, V2, & V3)
- ❑ If LBBB is present consider Sgarbossa Criteria. **If score is ≥ 3 points STEMI Alert is indicated:**
 - Concordant ST elevation > 1mm in leads with a positive QRS complex (score 5)
 - Concordant ST depression > 1 mm in V1-V3 (score 3)
 - Excessively discordant ST elevation > 5 mm in leads with a negative QRS complex (score 2)

CONTRAINDICATIONS:

- ❑ None

PROCEDURE:

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| PARAMEDIC | <ul style="list-style-type: none">❑ Follow “Chest Pain” Protocol as appropriate❑ Acquire 12 Lead EKG for all patients suspected of having a cardiac problem❑ Initiate rapid packaging of patient❑ Determine appropriate facility to receive patient❑ If no STEMI noted, patient may be transported to AGH❑ Consult OLMC for patient’s that you have a gut feeling about❑ Code 3 transport❑ Notify receiving hospital ASAP with standard hear report plus:<ul style="list-style-type: none">○ “STEMI Alert”○ 12 lead results – amount of ST elevation and in which leads○ Patient’s cardiologist if known❑ Receiving facility will determine, based on your assessment and resource availability, whether the patient will bypass the ER or not.❑ Leave a copy of your pre-hospital 12 lead or serial 12 leads with the ED or cath lab staff | PARAMEDIC |
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CONSIDERATIONS:

- ❑ Early notification of and preparation by the receiving hospital allows a reduction in overall time between onset of symptoms and definitive treatment.