

STEMI

Acute Coronary Syndrome (ACS)/CHEST PAIN

STEMI Goal –“EMS contact to Balloon Time less than 90 minutes”.

Indications for 12 lead EKG include: chest pain/discomfort, palpitations, dysrhythmias, shortness of breath, syncope, dizziness, nausea, vomiting, diaphoresis, and weakness. Be aware of atypical presentations, including: absence of chest pain in women, diabetic and geriatric patients.

STEMI Alert should be initiated for :

- ST Elevation \geq 1mm present in two or more contiguous leads.
- Signs of ischemia with ST depression in two or more contiguous leads.

FR B V I P

1. Routine medical care

- 2 IV's if able
- Expeditious transport

B V I P

- **Obtain and transmit 12 lead EKG to closest Aurora ED within 5 minutes of patient contact. If STEMI confirmed, ED physician will direct transport to appropriate ED or Cath lab. See STEMI Program Reference Map.**

• Options:

- Initial rapid transport to ED.
- Direct transport to St. Luke's 24-hour Cath lab.
- Intercepting with ALS for direct transfer via:
 - ❖ Air Medical Transport
 - ❖ ALS Ground Transport

- **Communication between ED physician and EMS team is essential to determine receiving facility destination, and method of transport.**

- **12 lead should be repeated at maximum intervals of 10 minutes, or sooner if patient condition changes.**

B V I P

2. Aspirin 325 mg; if not already taken and not contraindicated .

V I P

- #### 3. NTG 0.4mg Sublingual (SL):
- If BP>100mmHG systolic and chest pain present. May repeat as needed; If BP>100mmHG systolic and chest pain present and IV established. If not taking Viagra (Sildenafil male/female patients), Cialis, Levitra or similar medication. Caution using NTG with Inferior wall MI's which may be fluid dependent (leads I, II, III aVF)

I P

- #### 4. Morphine 2-4mg. Max 10mg.
- Repeat every 5 minutes until pain relieved, or SBP<100mmHG systolic. Unless contraindicated. If allergic to Morphine: **Fentanyl 25-50mcg. Max 100mcg.** May be administered if SBP \leq 100mmHG and pain not relieved after NTG.

P

- #### 5. Obtain authorization from Medical Control. Strong consideration to administer when transporting directly to Cath lab

- **→Plavix 300mg PO**
- **→Lopresser 5mg IVP/IO x 3 every 5 minutes, If HR >60, SBP >100. Rule out CHF prior.**
- **→Heparin 60 units/kg, Max 5000 units.** STEMI Alert worksheet must be completed prior to administering.

- #### 6. Advise patient/ family/significant others the urgency of situation and need for emergent transfer to destination. “Time is Muscle”.

- #### 7. Complete STEMI Alert worksheet and provide copy to ED/Cath lab/transport team staff.

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