ST ELEVATION MYOCARDIAL INFARCTION (STEMI)

Indications

- Patients with acute ST Elevation Myocardial Infarction (STEMI) as identified by machine read

ALS RMC

Unstable?

- SBP <90 prior to NTG & opioid administration
- S/Sx of acute pulmonary edema
- Ventricular tachyarrhythmia requiring defibrillation or anti-arrhythmic therapy
- Patient’s condition based on paramedic judgement requires immediate hospital intervention

Yes

Transport to closest SRC

- Provide Early STEMI notification and identifying patient information
  - If elevation in leads II, III, and AVF, suspect RVI and perform right-sided EKG
  - Transmit all STEMI EKGs to SRC if possible
  - O2 administration only if SpO2 ≤94%

No

• May go to preferred SRC if the estimated transport time is not more than 15 min longer than nearest SRC
  • Preferred SRC defined:
    - Patient preference
    - SRC used by treating cardiologist

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  - If elevation in leads II, III, and AVF, suspect RVI and perform right-sided EKG
  - Transmit all STEMI EKGs to SRC if possible
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PHYSICIAN CONSULT

- If patient is symptomatic for STEMI, but monitor interpretation is not in agreement, transmit EKG and consult the SRC receiving physician
- If above findings occur, but transmission is not available, activate SRC with early STEMI notification