

# ST ELEVATION MYOCARDIAL INFARCTION (STEMI)

ALWAYS USE STANDARD PRECAUTIONS

**INDICATION**

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

**PHYSICIAN CONSULT**

- If patient is symptomatic for STEMI, but computer interpretation is not in agreement, **transmit ECG** and consult the STEMI Receiving Center (SRC) receiving physician.
- If above findings occur, but transmission is not available, activate SRC with Early STEMI Notification.

**TREATMENT/ PROCEDURE**

- ALS RMC
- Treat patient under appropriate protocol
- Routine administration of oxygen is not indicated if saturation is >93%
- Determine if patient is stable or unstable, and transport to appropriate facility
- Provide Early STEMI Notification and identifying patient information
  - If elevation in leads II, III, and AVF, suspect RVI and perform right-sided ECG.
- Transmit all STEMI ECGs to SRC if possible
  - To determine if patient is stable or unstable:

Stable	Unstable
<ul style="list-style-type: none"> <li>▪ Stable VS and no indication of shock</li> </ul>	<ul style="list-style-type: none"> <li>▪ SBP &lt; 90 (prior to <b>NTG</b> and opioid administration)</li> <li>▪ Signs of acute pulmonary edema</li> <li>▪ Ventricular tachyarrhythmia requiring defibrillation or antiarrhythmic therapy</li> <li>▪ Patient's condition, based on paramedic judgment, requires immediate hospital intervention</li> </ul>

- Stable patient:
  - May go to preferred SRC if the estimated transport time is not more than 15 minutes longer than the nearest SRC
  - Preferred SRC defined:
    - Patient preference
    - SRC used by treating cardiologist.
- Unstable patient:
  - Transport to the closest SRC

**SPECIAL CONSIDERATION**

- Early notification report to include: age, gender, patient identifying information, symptoms (including presence or absence of chest pain), and 12-lead findings

**DOCUMENTATION- ESSENTIAL ELEMENTS**

- 12-lead findings
- How preferred SRC is determined

**RELATED POLICIES/ PROCEDURES**

- Destination Guidelines GPC 4
- 12-lead ECG Procedure ALS PR 12
- Chest Pain / ACS C8