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

Stable
- Stable VS and no indication of shock

Unstable
- SBP< 90 (prior to NTG and opioid administration)
- Signs of acute pulmonary edema
- Ventricular tachyarrhythmia requiring defibrillation or antiarrhythmic therapy
- Patient’s condition, based on paramedic judgment, requires immediate hospital intervention

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