

STEMI Triage and Destination

I. PURPOSE

Utilizing prehospital 12-Lead electrocardiograms (ECG), patients presenting ST-segment elevation myocardial infarction (STEMI) shall be triaged and transported, with patient consent, directly to STEMI centers for rapid intervention. This policy outlines the process of triage and transport of STEMI patients.

I. TRIAGE

- A. Patients with chest pain or other symptoms suggestive of Acute Coronary Syndrome (ACS) and those patients who have Return of Spontaneous Circulation (ROSC) following Sudden Cardiac Arrest (SCA) should have a 12-Lead ECG performed.
 - 1. Exceptions include patients who are not cooperative with the procedure, or patients in whom the need for critical resuscitative measures, preclude performance of the 12-Lead ECG.
- B. Paramedic personnel should review the 12-Lead ECG tracing in all instances to assure that little or no artifact exists. Repeat 12-Lead ECG may be necessary to obtain an accurate tracing. If computerized interpretation of accurately performed 12-Lead ECG indicates ***Meets ST Elevation Criteria*** or the ECG is interpreted as showing STEMI based on Paramedic judgement, the patient qualifies as a candidate for transport to an SRC. Patients without these findings should be transported in accordance with Policy 4002 – Patient Destination Determination.

II. DESTINATION

- A. STEMI patients
 - 1. Patients with an identified STEMI shall be transported to a STEMI Receiving Center (SRC).
 - a. Patients shall be transported to the closest SRC unless they request another hospital.
 - b. Patient request and condition must be considered when determining destination.
 - c. An SRC that is not the closest SRC hospital is an acceptable destination if estimated additional transport time does not exceed 15 minutes.
 - d. If the nearest SRC is on STEMI diversion the patient should be transported to the next closest accepting SRC.
- B. Once transport has been deemed appropriate and the patient has experienced a return of spontaneous circulation (ROSC) at any time throughout the resuscitation or remains in persistent V-Fib, transport to a SRC.
- C. Patients with unmanageable airway enroute shall be transported to the closest basic emergency department.
- D. If a SRC is on STEMI Diversion, the patient should be transported to the next closest accepting SRC.

III. TRANSFER OF CARE REPORT

- A. A full SBAR report will be given at receiving hospital, including any ECG changes or changes in patient condition.



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I. DOCUMENTATION

- A. A copy of the 12-Lead ECG (multiple if performed) shall be delivered to the nurse caring for the patient at arrival in the Emergency Department.
- B. A copy of the 12-Lead ECG (multiple if performed) shall be generated for inclusion in the prehospital Patient Care Record or incorporated via electronic means into the record. The finding of STEMI on 12-Lead ECG and confirmation of the STEMI Alert shall also be recorded in the Patient Care Record.

