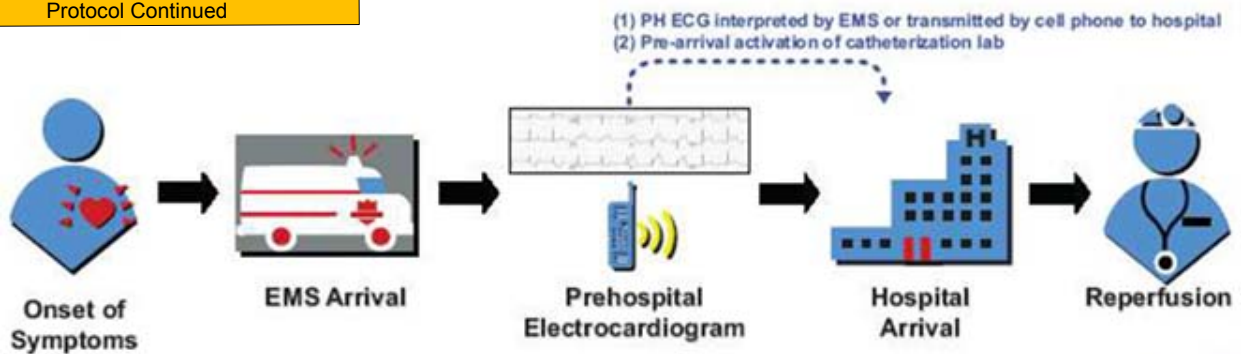


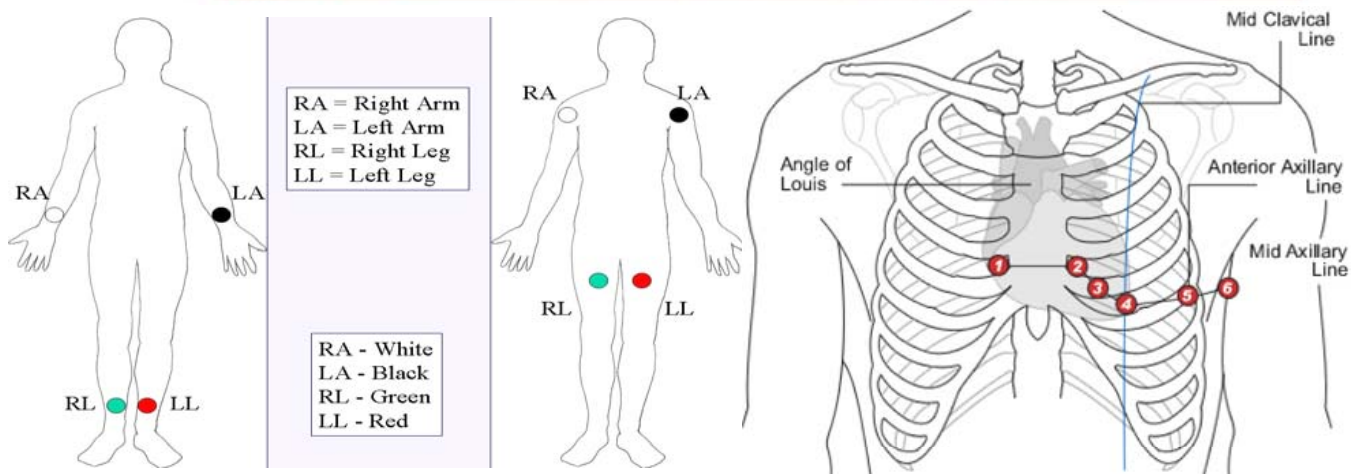
Acute Coronary Syndrome – Adult

3.0

Protocol Continued



Increasing loss of myocytes



Cardiac Protocol 3.0

PEARLS:

- Transmission of 12-lead ECG and/or communication with receiving facility is critical to the activation of a STEMI system.
- If Paramedic interpretation or automated interpretation states: "Acute MI" or "Meets ST Elevation MI Criteria," notify the receiving facility of a "STEMI ALERT."
- Obtain 12-lead ECG in all patients with the following signs and symptoms:
 - Chest, jaw or left arm pain; or
 - Shortness of breath; or
 - Epigastric pain; or
 - Syncope, general malaise, or palpitations; or
 - Self-administered nitroglycerin; or
 - After sudden cardiac arrest with return of cardiac activity.
- Administration of aspirin has been shown to decrease mortality in Acute Coronary Syndrome.
- Administer aspirin to every patient with suspected acute coronary syndrome unless they have:
 - History of anaphylaxis to aspirin, NSAIDs, or
 - Evidence of active gastrointestinal or other internal bleeding.
- Patients with acute coronary syndrome (especially women, patients with a history of diabetes, and the elderly) may present with signs and symptoms other than chest pain including diaphoresis, shortness of breath, weakness, syncope and nausea.

Acute Coronary Syndrome – VT EMS District 12 STEMI Protocol

The goal for EMS care is to transport patient to a Percutaneous Coronary Intervention (PCI) facility within **90** minutes from the recognition of a ST-Elevation Myocardial Infarction (STEMI) at the scene. Early notification of the receiving facility is vital.

LOCAL PCI / CATH LABS (in order of ground proximity to SVMC)	STEMI ACTIVATION PROCESS	EMS INTERVENTIONS
<p>“I am calling a STEMI alert.”</p> <p>Samaritan Hospital (Troy, NY) <ul style="list-style-type: none"> 518-271-3424 (ED phone) 518-271-3131 (ED fax) </p> <p>Albany Medical Center (Albany, NY) <ul style="list-style-type: none"> 518-464-5097 (ED phone) Wait for answer, then enter 6018 518-262-3597 (ED Fax) </p> <p>Dartmouth Hitchcock (Lebanon, NH) (IF USING HELICOPTER ONLY) <ul style="list-style-type: none"> 877-999-9870 (Direct phone) </p> <p>Transmit ECG to SVMC ED <ul style="list-style-type: none"> 802-447-5305 (Medical Control) 802-447-2469 (ED fax) EMSECG@phin.org (E-mail) </p>	<ul style="list-style-type: none"> ECG obtained in field within 10 minutes. ECG automated interpretation shows STEMI or physician/Paramedic reads STEMI. EMS crew calls STEMI alert to PCI facility or requests activation through medical control. EMS crew treats STEMI per protocol. Consider ALS intercept. Consider aeromedical transport (helicopter activation) based on clinical scenario and/or cardiogenic shock. If patient deemed unstable per EMS crew/medical control, then patient taken to nearest Emergency Department. 	<ul style="list-style-type: none"> RAPID ECG Airway Oxygen Aspirin IV fluids Nitroglycerin Narcotics Anti-emetics Dysrhythmia treatment Cardioversion/Defibrillation <p>PREVENTING FALSE ACTIVATION</p> <ul style="list-style-type: none"> Assure quality 12-lead ECG Good skin prep/lead contact Correct lead placement Level tracing baseline Limit motion and artifact Good waveform in all 12 leads
<p>EMR STANDING ORDERS</p> <p>E</p> <ul style="list-style-type: none"> Manage the patient’s airway, breathing and circulation. <p>M</p> <ul style="list-style-type: none"> Obtain history and perform examination managing any priority injury/illness. <p>R</p> <ul style="list-style-type: none"> Oxygen: Nasal cannula or facemask/non-rebreather per patient presentation. Obtain and reassess vital signs every 5-10 minutes. 	<p>GOAL:</p> <p>90</p> <p>M</p> <p>I</p> <p>N</p> <p>U</p> <p>T</p> <p>E</p> <p>S</p> <p>from ECG to arrival at PCI facility</p>	
<p>EMT STANDING ORDERS</p> <p>E</p> <ul style="list-style-type: none"> Rapid 12-lead ECG acquisition & transmission to online medical control if automated ECG interpretation reads “Acute MI” or “Meets ST Elevation MI Criteria.” <ul style="list-style-type: none"> Fax and E-mail* ECG to SVMC ED (based on field cell/internet availability). *E-mail: Include EMS service, ambulance #, date/time – <u>NOT</u> patient name. Call SVMC ED to advise of ECG transmission and to speak to ED physician. Assist with patient’s Nitroglycerin (NTG) 0.4 mg sublingual spray/tablet if systolic BP >100mmHg. Aspirin 324mg PO chewed (UNLESS KNOWN ALLERGY to ASPIRIN). 		
<p>ADVANCED EMT STANDING ORDERS</p> <p>A</p> <ul style="list-style-type: none"> Establish IV and consider establishing a second IV. (Do not delay transport.) Consider IV fluid bolus for hypotension (systolic BP < 100mmHg). NTG 0.4mg SL every 3-5 minutes for pain & if systolic BP >100mmHg. 		
<p>PARAMEDIC STANDING ORDERS</p> <p>P</p> <ul style="list-style-type: none"> Activate STEMI alert by contacting PCI center directly. Call medical control if assistance is needed with STEMI alert activation. (Repeat ECG as clinically indicated as STEMI can develop over time.) Nitroglycerin (NTG): <ul style="list-style-type: none"> 0.4mg sublingual or 0.5 to 2 inches NTG paste. Titrate to pain and maintaining systolic BP > 100mmHg. For continued pain <ul style="list-style-type: none"> Fentanyl (titrate to pain and maintaining systolic BP > 100mmHg) Morphine (titrate to pain and maintaining systolic BP > 100mmHg) Treat nausea, dysrhythmias & hypotension/cardiogenic shock per VT Protocols. 		

Cardiac Protocol

- Quickly determine:
 - If a STEMI is present
 - If patient is stable
 - If PCI center is available
 - If ALS intercept is needed
 - If air transport is needed
- Transport according to patient informed consent and facility preference given STEMI diagnosis and PCI availability.
- Notify receiving facility ASAP.

