

C015 LFD PROCEDURE PROTOCOL: CARDIAC ALERT

AEMT	EMT-I	Paramedic
------	-------	-----------

Goal:

- To identify patients with ST-segment elevation myocardial infarction (STEMI) in the prehospital setting and provide advanced receiving hospital notification in order to minimize door-to-balloon times for percutaneous coronary intervention (PCI)

Inclusion Criteria:

- Chest discomfort consistent with ACS
- 12-lead ECG showing ST-segment elevation (STE) at least 1 mm in two or more anatomically contiguous leads. **V2-V3 require 2 mm.**
- Age 35-85 years old (If STEMI patient outside age criteria, contact receiving hospital for consult)
- **No wide complex QRS (paced rhythm, BBB, other)**

Exclusion Criteria:

- Wide complex QRS (paced rhythm, BBB, other)
- Symptoms NOT suggestive of ACS (e.g.: asymptomatic patient)
- If unsure if patient is appropriate for Cardiac Alert, discuss with receiving hospital MD

Actions:

- Treat according to chest pain protocol en route (cardiac monitor, oxygen, aspirin, nitroglycerin and opioid as needed for pain control).
- Notify receiving hospital ASAP with ETA and request CARDIAC ALERT. Do not delay hospital notification. If possible, notify ED before leaving scene.
- Start 2 large bore peripheral IVs – avoid the right wrist or hand if possible in the field to avoid interfering with cath lab radial access
- Rapid transport
- If patient does not meet inclusion criteria, or has exclusion criteria, yet clinical scenario and ECG suggests true STEMI, request medical consult with receiving hospital emergency physician.

Additional Documentation Requirements:

- Time of first patient contact
- Time of first ECG