

## **POLICY #152: STEMI TRIAGE AND DESTINATION**

### I. PURPOSE

- A. To establish guidelines for Emergency Medical Services (EMS) personnel to identify and transport patients with acute ST-segment Elevation Myocardial Infarction (STEMI) who could benefit from the rapid response and specialized services of a STEMI Receiving Center (SRC).

### II. SCOPE

- A. This policy applies to adult patients with chest pain or other symptoms indicative of Acute Coronary Syndrome (ACS) with a 12-lead ECG demonstrating elevated ST-segments indicating a specific type of myocardial infarction.

### III. DEFINITIONS/GLOSSARY

- Percutaneous Coronary Intervention (PCI): A broad group of percutaneous techniques utilized for the diagnosis and treatment of patients with STEMI.
- Return of Spontaneous Circulation (ROSC): The return of a palpable pulse after cardiac arrest.
- STEMI: An acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- “STEMI Alert”: A report from EMS personnel that notifies a STEMI Receiving Center as early as possible that a patient has a specific computer-interpreted prehospital 12-lead ECG indicating a STEMI, allowing the SRC to initiate the internal procedures to provide appropriate and rapid treatment interventions.
- “12-Lead Consultation” – Contact SLO County STEMI Receiving Hospital (French Hospital Medical Center) when the patient does not meet a STEMI ALERT Criteria and transmitting the 12-lead ECG would benefit the consultation.
- STEMI Receiving Center (SRC): A facility licensed for cardiac catheterization laboratory and recognized as an SRC by the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency).
- STEMI Referral Hospital (SRH): An acute care hospital in the County of San Luis Obispo (SLO) that is not designated as a STEMI Receiving Center.
- SLO STEMI Receiving Center (SLO SRC) – refers to the STEMI Receiving Center in San Luis Obispo County (French Hospital Medical Center) to be used for medical direction and or destination decisions.

### IV. POLICY

- A. Determine if patient condition meets STEMI Patient Triage Criteria.
- B. “STEMI Alert” notifications - contact the nearest SRC (French or Marian) as soon as possible, including for any ALS agencies that are first on scene. During the 12-lead

transmittal to the closest SRC, a “STEMI Alert” should be made simultaneously, regardless of whether transport personnel are on scene. After departing scene, an updated “STEMI ALERT” should be called as soon as possible.

- C. The target off-scene time should be 10 minutes or less for transport personnel.
- D. “12- Lead ECG Consultations” and/or “Destination” consultations - contact the SLO SRC (French)

## V. PROCEDURE

### A. Determine if patient condition meets STEMI Patient Triage criteria:

- 1. Patients meeting EMS Agency Protocol Adult Chest Pain #640: or with indications for 12-lead ECG per EMS Agency 12-lead ECG Policy #707 with computerized interpretation of an accurately performed pre-hospital 12-lead ECG indicating \*\*\*STEMI\*\*\* (or equivalent computerized interpretation).

### B. Destination and Notification

- 1. Transport to nearest SRC (French or Marian) or as directed by a SLO SRC (French).
  - a. Patients meeting the STEMI Patient Triage Criteria are considered a “STEMI Alert” and must be transported to the nearest SRC.
  - b. Patients with ROSC regardless of 12-lead ECG reading
  - c. The SRC Emergency Department must be notified as early as possible of the incoming “STEMI Alert” and /or ROSC to activate the SRC’s internal STEMI/PCI system.
  - d. The closest SRC for patients being transported within San Luis Obispo County will be defined as follows:
    - 1. A unit on scene of a call that is located within San Luis Obispo County south of El Campo Rd should proceed to Marian Regional Medical Center.
    - 2. A unit on scene of a call that is located within San Luis Obispo County north of El Campo Rd should proceed to French Hospital Medical Center.
    - 3. In any other area west or east of El Campo Rd, crews should exercise discretion in determining which SRC is closest or fastest for patient transport.
    - 4. Discretion in all cases should include abnormal traffic patterns, congestion, or other travel factors affecting transport to the closest and fastest SRC.
- 2. An Emergency Department physician at the SLO SRC (French) must be consulted to determine patient destination in the following:
  - a. “STEMI Alert”:
    - (1) The patient is unstable with a SBP<90mmHg and transport time to the SRC would add more than 30 minutes to the transport time to a STEMI Referral Hospital (SRH).

(2) Patient is uncooperative with the procedure and/or expresses a personal preference for destination other than the SRC; see EMS Agency Policy #203: Patient Refusal of Treatment or Transport.

b. Questionable 12-Lead ECG

c. Patients who, while enroute, develop unmanageable airway or cardiac arrest without ROSC must be transported to the closest hospital, with the transporting provider notifying the intended SRC of the change in destination.

d. When a patient is diverted to another hospital the SLO SRC (French) shall notify the receiving hospital and provide information regarding the destination decision.

C. Contact the nearest SRC as soon as possible with "STEMI Alert" Notification

1. For patients with identified STEMI, destination must be promptly determined after the prehospital 12-lead ECG is completed and read. The SRC must be notified as soon as possible.

2. The "STEMI Alert" notification must contain the following information:

a. Call identified as a "STEMI Alert".

b. ETA, if available/when en route to the SRC.

c. Patient age and gender.

d. Confirmation of ECG reading and whether it appears to be free of significant artifact.

e. Confirmation that the appropriate treatment protocol is being followed.

f. Results of any medications given.

g. Additional information if required:

(1) Any confusion regarding chief complaint or treatment.

(2) Destination decision assistance.

3. ECG Transmission:

a. With a STEMI Alert or ROSC and the equipment is available, the ALS provider shall transmit a 12-lead ECG to a SRC (French or Marian);

(1) Notify the SRC that you are capable of 12-lead ECG transmission and that you have transmitted or are about to transmit the 12-lead ECG previously obtained.

(2) Include on the transmitted 12-lead ECG the patient age and sex required for the ECG monitor to accomplish its interpretation and be used as an identifier for the SRC.

(3) Do not include the name of the patient with the transmission of the 12-lead ECG.

b. When "Consulting" with a SLO SRC (French) and transmitting the 12-lead ECG would benefit the consultation:

(1) Notify the SLO SRC (French) that you are capable of 12-lead ECG transmission and that you have transmitted or are about to transmit the 12-lead ECG.

(2) Include on the transmitted 12-lead ECG the patient age and sex required for the ECG monitor to accomplish its interpretation and be used as an identifier for the SRC

(3) Do not include the name of the patient with the transmission of the 12-lead ECG.

4. Documentation

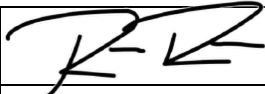
a. Findings of prehospital 12-lead ECGs, the time of the "STEMI Alert," and patient identification must be documented on the 12-lead ECG and the prehospital PCR.

b. Two copies of the prehospital 12-lead ECG (multiple if performed) must be made, with one delivered to the receiving hospital responsible for the continued care of the patient, and one included with the prehospital PCR.

VI. AUTHORITY

- California Health and Safety Code, Division 2.5
- California Code of Regulations, Title 22, Division 9

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	