

Revised 08/2016, 06/19

### 3.0 STEMI Activation Protocol

**Goal:** To identify patients with active ST segment elevation MI as early as possible and to allow pre-hospital activation of the Cath Lab.

**Criteria:** To qualify for EMS STEMI Alert the patient must have **ALL** of the following:

- Active chest pain and/or dyspnea at time of EMS initial assessment OR signs and symptoms suggestive of cardiac ischemia (nausea/vomiting, Diaphoresis, Dizziness, near syncope, pain suggestive of cardiac ischemia)
- Age of 35 or greater
- 12 lead ECG demonstrating ST segment elevations of at least 1mm in 2 contiguous inferior leads (II, III, aVf) or 2mm in 2 contiguous leads (V1-V6). Evidence of ST elevation on a 3 lead rhythm strip is unreliable and should not be considered, only a full 12 lead ECG.
- **NO EVIDENCE** of paced rhythm or Left Bundle Branch Block (QRS duration of more than 3 small blocks)
- Patients with a current DNR should **NOT** be made a STEMI alert even if other criteria is met.

**Supporting Criteria:**

- Reciprocal changes, defined as ST segment depression in opposing leads
- Machine diagnosis of “ACUTE MI SUSPECTED”

**ECG machine diagnosis of “Acute MI” can be considered as supportive of a STEMI. However, a computer interpretation of “Acute MI” is NOT required to declare a STEMI alert. Furthermore, even with a computer interpretation of “Acute MI” the above criteria must be fulfilled.**

**Action:** If the criteria above are met, the paramedic will instruct CMED they have a “STEMI Alert”, request they notify the receiving hospital from the bedside as early as possible. Once transporting patch as early as possible and request a STEMI alert again. **If unsure the criteria has been met contact Medical Control for Guidance.** Receiving hospitals will make every effort to give a room assignment at the time of patch. The hospital STEMI team will be activated at the time of the EMS patch. EMS crew should treat the patient based on existing protocols, and be ready to present 12 lead ECG to RN or MD immediately on arrival.



**This protocol is being enacted 24 hours a day, 7 days a week**

**Suggestions:**

- Patients exhibiting ST segment elevations in the inferior leads should have a right sided V4R performed to determine and right ventricular involvement prior to administration of Nitro.
- Patients exhibiting isolated ST Depression in leads V1-V4 should have posterior leads V7-9 completed for any posterior wall involvement.