

Middlesex London Paramedic Service - Destination Policy

STEMI PATIENTS

BACKGROUND

Patients with new onset of ST Segment Elevation Myocardial Infarction (STEMI) benefit from early Percutaneous Coronary Intervention (PCI). University Hospital is the only PCI Centre in Middlesex County.

EXCLUSIONS

- As per the provincial STEMI Bypass Protocol prompt card
- Heart rates greater than 125
- Inability to lay flat
- Patient is in excess of 400 lbs

PROTOCOL

- Paramedics should follow the protocol indicated on the attached flowchart and patch script.

NOTES

- Paramedics will not call the interventionalist for a consult on patients who do not meet the bypass directive.

Neal Roberts
Director
Emergency Services
Middlesex County

Date: _____

Michael Lewell
Regional Medical Director
SWORBHP

Date: _____

Paul Grady
Acting Manager
Central Ambulance
Communication Centre

Date: _____

CODE STEMI PATCH SCRIPT

- Contact CACC (519 661-1070) with a **CODE STEMI**
- Identify yourself as a paramedic with a **CODE STEMI**
- You need to be connected with the Interventional Cardiologist on call
- You will **hold the line**, this is a **STAT** page.
- When the Interventional Cardiologist answers, deliver the following:
- This is paramedic ----- and I am initiating the **CODE STEMI**
- PATIENT AGE & GENDER
- **ECG STATES ACUTE MI**
- **VITAL SIGNS**
- **ETA TO UNIVERSITY HOSPITAL EMERGENCY DEPARTMENT**

QUESTIONS

- 1.) **DO YOU ACCEPT THIS CODE STEMI? Y or N**
 - i. **IF YES, THEN GO TO UH**
 - ii. **IF NO THEN GO TO THE NEAREST ED**
- 2.) **AM I TO PROCEED TO THE ED OR THE CATH LAB?**
- 3.) **WOULD YOU LIKE THE ED PHYSICIAN GIVE PLAVIX OR TICAGRELOR?**

Paramedic Prompt Card for STEMI Hospital Bypass Protocol

This prompt card provides a quick reference of the *STEMI Hospital Bypass Protocol* contained in the *Basic Life Support Patient Care Standards* (BLS PCS). Please refer to the BLS PCS for the full protocol.

Indications under the STEMI Hospital Bypass Protocol

Transport to a PCI centre will be considered for patients who meet **ALL** of the following:

1. ≥ 18 years of age.
2. Chest pain or equivalent consistent with cardiac ischemia/myocardial infarction.
3. Time from onset of current episode of pain < 12 hours.
4. 12-lead ECG indicates an acute AMI/STEMI*:
 - a. At least 2 mm ST-elevation in leads V1-V3 in at least two contiguous leads; **AND/OR**
 - b. At least 1 mm ST-elevation in at least two other anatomically contiguous leads; **OR**
 - c. 12-lead ECG computer interpretation of STEMI and paramedic agrees.

*Once activated, continue to follow the STEMI Hospital Bypass Protocol even if the ECG normalizes.

Contraindications under the STEMI Hospital Bypass Protocol

ANY of the following exclude a patient from being transported under the STEMI Hospital Bypass Protocol:

1. CTAS 1 and the paramedic is unable to secure patient's airway or ventilate.
2. 12-lead ECG is consistent with a LBBB, ventricular paced rhythm, or any other STEMI imitator.
3. Transport to a PCI centre ≥ 60 minutes from patient contact.**
4. Patient is experiencing a complication requiring PCP diversion:**
 - a. Moderate to severe respiratory distress or use of CPAP.
 - b. Hemodynamic instability or symptomatic SBP < 90 mmHg at any point.
 - c. VSA without ROSC.
5. Patient is experiencing a complication requiring ACP diversion:**
 - a. Ventilation inadequate despite assistance.
 - b. Hemodynamic instability unresponsive/not amenable to ACP treatment/management.
 - c. VSA without ROSC.

**The interventional cardiology program may still permit the transport to the PCI centre.

CACC/ACS will authorize the transport once notified of the patient's need for bypass under the STEMI Hospital Bypass Protocol.