

Middlesex London Paramedic Service

and

London Health Sciences Centre

Ambulance Destination Policy

Potential STEMI Patients for the Middlesex London Area

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.

This policy takes precedence OVER the patient priority system (i.e. over capacity) and patient preference.

EXCLUSIONS

As per the Provincial STEMI Bypass Protocol prompt card and the Middlesex London Paramedic Service STEMI Bypass Protocol.

PROTOCOL

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

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Middlesex London Paramedic Service STEMI Bypass Protocol

AMI Patient Presenting with the following criteria:

- Chest Pain of presumed ischemic etiology

AND

- ECG Software interpretation of *****Meets ST ELEVATION MI CRITERIA*****

AND ONE of the following:

- ST Elevation > 2mm in leads V1-V3 in at least 2 contiguous leads OR
- ST Elevation > 1mm in at least 2 anatomically contiguous leads

EXCLUSION CRITERIA

As per the Provincial STEMI bypass directive, with the local addition of:

- DNR/Advanced Directive Limiting Care
- Weight > 400 lbs
- Inability to lay flat

Can the patient be safely transported to the University Hospital Cath Lab within 60 min of first medical contact?

YES

NO

- Transmit ECG
- Call the STEMI CACC line at 519-661-1070
- If no answer on two attempts, then transport to usual destination
- Use the Patch Script to relay patient information and ECG
- Patient accepted by Interventional Cardiologist? To ED or Cath Lab?

Transport to Closest ED

YES

- Transport Code 4/CTAS 1 to University Hospital ED
- Immediately contact University Hospital Triage RN "notification Patch" and advise if by passing ED for Cath Lab

EMERGENCY DEPARTMENT

- Paramedic met in ED by Nursing staff
- Patient to remain on EMS stretcher
- Patient registered under ED physician
- ED physician is notified of patient arrival by RN

CATH LAB

- Go directly to the Cath Lab via standard ED entrance
- Use Elevator in POD A UH ED
- Cath Lab is 2nd floor, Room C2-100 University Hospital



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Middlesex London Paramedic Service Code STEMI Patch Script

- Transmit ECG
- 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 (your name) 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? Yes or No
 - a. If **YES**, then go to **University Hospital**
 - b. If **NO**, then go to the **nearest ED**
2. Am I to proceed to the **ED** or the **Cath Lab**?

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.