

# ST ELEVATION MYOCARDIAL INFARCTION (STEMI)

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

## INDICATION

- Patients with confirmed or suspected ST Elevation Myocardial Infarction (STEMI) as identified by 12-lead ECG

## PHYSICIAN CONSULT

- If elevation is present, but findings are inconclusive or not in agreement with the computer interpretation, consult the STEMI Receiving Center (SRC) receiving physician.

## TREATMENT/ PROCEDURE

- ALS RMC
- Treat patient under appropriate protocol
- **ASA** 162-325 mg (chewable), even if patient has taken daily ASA dose
- If the 12-lead ECG shows ST elevation of at least 1 mm in 2 or more contiguous leads, determine if the patient is Stable or Unstable.
  - Stable:
    - Stable vital signs and no indication of shock
  - Unstable:
    - SBP < 90 (prior to **NTG** and **Morphine Sulfate** administration)
    - Signs of acute pulmonary edema
    - Ventricular tachyarrhythmia requiring defibrillation or antiarrhythmic therapy
    - Patient's condition, based on paramedic judgment, requires immediate hospital intervention
- Destination:
  - Transport to the closest SRC if patient has no preference.
  - Stable patient:
    - May go to preferred SRC if the estimated transport time is not more than 15 minutes further than the nearest SRC
    - Preferred SRC defined:
      - Patient preference
      - SRC used by treating physician
  - Unstable patient:
    - Transport to the closest SRC
- Early notification to SRC

## SPECIAL CONSIDERATION

- Early notification report to include: age, gender, symptoms (including presence or absence of chest pain), 12-lead findings.

## DOCUMENTATION- ESSENTIAL ELEMENTS

- 12-lead findings
- How preferred SRC is determined

## RELATED POLICIES/ PROCEDURES

- Destination Guidelines GPC 4
- 12-lead ECG Procedure ALS PR 12