

SAEMS PREHOSPITAL PROTOCOLS

STEMI Triage Protocol

- I. INCLUSION CRITERIA
 - A. Chest pain, anginal equivalent, or other symptoms of acute ischemia with: ST-segment elevation at the J point of greater than 1 mm in 2 or more contiguous leads
- II. TREATMENT FOR ACUTE CORONARY SYNDROMES
 - A. Treatment for possible acute myocardial ischemia should be provided to patients with nontraumatic chest pain per state or local protocols.
- III. REDUCE DELAYS IN DEFINITIVE TREATMENT
 - A. When possible, transmit ECG to the emergency department.
 - B. Provide STEMI ALERT only if patients meets STEMI criteria
 - C. Provide accurate ETA
 - D. Provide direct communication to the ED for patients in shock or severe signs or symptoms.
 - E. For STEMI patients in outlying areas with a transport time of greater than 30 minutes to a certified chest pain center with cardiac catheterization available, transport the patient to the closest facility, or consider air transport directly to the specialty center.
- IV. FACILITY RECOGNITION
 - A. Healthcare facilities must be accredited as a Certified Chest Pain Center to be considered as a primary destination for patients with ST-elevation MI for the region. They must also maintain 24/7 PCI capability (see below for removal criteria).
 - B. If a healthcare facility is not able to provide PCI coverage for any period of time, this shall be reflected on EMRESOURCE.
 - C. If a healthcare facility fails to keep reliable service, the SAEMS Regional Council reserves the right to remove them from the list of PCI capable destinations for EMS. The following are the criteria for automatic removal from the SAEMS destination list.
 1. If there are more than 7 occurrences or days of STEMI divert for any reason, over the course of a 14-day period, or
 2. If there are more than 20 occurrences or days of STEMI divert in a 60-day period
 3. If a facility loses its status as a Certified Chest Pain Center
 - D. To regain position on the list, the receiving facility Emergency Department Director will need to provide documentation to the SAEMS Executive Director and SAEMS Regional Council that they have regained their credentialing (if lost) or have adequately addressed issues with lack of coverage and are able to maintain 24/7 coverage.
- V. SPECIAL NOTES 7.23

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- A. In Tucson these centers are: **(NMC, TMC, SJH, SMH, Banner UMC-T, Banner UMC-SC, Northwest Houghton)**
- B. Cardiac alerts can be provided to facilities when a patient presents with significant symptoms but does not meet STEMI criteria.