

MISSION:
Lifeline™ 

EMS and Protocol Committee Update: 11/04/2009

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EMS and Protocol Committee Top Issues:

- ➔ Standardized Dispatch
- ➔ Standard Assessment
- ➔ Standard Treatment Protocol
- ➔ Feedback Loop
- ➔ EKG false + rates
- ➔ STEMI activation by field
- ➔ Define false +
- ➔ Who gets 12- Lead EKG

Committee Focus:

➔ Standardized Dispatch:

- All processes will include ASA to be given unless contraindicated

➔ Who gets 12-Lead EKG

- Review Austin/Travis County, San Marcos/Hay County, and Williamson County protocols
- Review PCI and non-PCI hospital protocols
- Review Project Upstart

➔ Activation of STEMI by field

➔ Standard Treatment Protocol

- Rural / Urban / PCI / non-PCI

ECG Screening Protocol:

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Patients > 20 years old and experiencing any of the following:

- Chest pain (any pain between the navel and jaw)
- Chest pressure, discomfort, or tightness
- "Heartburn" or epigastric pain
- Complaints of "heart racing" or "heart too slow"
- Syncope
- Severe weakness in patients > 45 years old
- New onset stroke symptoms
- Difficulty breathing (with no obvious non-cardiac cause)
Above patients require ECG in 5 minutes!

Patients (regardless of age) with any of the above symptoms and history of:

- Prior cardiac disease such as heart attack
- A family history of early heart disease
- Diabetes mellitus
- Severe obesity
- Recent cocaine use
These patients also require an ECG within 5 minutes!

Present ECG for immediate interpretation!

Remember:

- Women and diabetic patients are more likely to present with atypical symptoms
- Elderly patients may have symptoms such as generalized weakness, altered mental status, nausea/vomiting, shortness of breath, diaphoresis, or syncope as their only sign of acute heart attack
- Atypical pain can be in jaw, neck, arm, or upper back.

When in doubt, do the ECG!

Next Steps:

 **Activation of STEMI from the field**

 **Standard Treatment Protocol**

