

## Top Five CATRAC Mission: Lifeline Goals

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### Goal #2

A process for pre-hospital activation and identification.

- 1). Define what will activate the “STEMI response” in our region
- 2). Define name for activation “Code STEMI” , “STEMI Alert”
- 3). Define process for activation depending on point of entry and computer algorithm interpretation, EMS provider interpretation or wireless transmission/physician interpretation.

## “Code STEMI” or “STEMI Alert” Proposed Definition

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**Signs / Symptoms of Acute Coronary Syndrome (ACS)**

-----**AND**-----

**ST segment elevation of 1mm or more in two contiguous leads**

**If both criteria are met then recommend field activation of PCI-Hospital**

**If ST elevation inconclusive, isolated to V1 - V2, or LBBB identified then  
recommend consultation with physician and PCI-Hospital prior to  
activation**

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### Goal #3

#### Written regional destination protocols for STEMI receiving centers:

If first medical contact (EMS/non-PCI hospital or PCI hospital) to first device used can be accomplished in under 90 minutes, patient should be directed to STEMI receiving center for reperfusion in the cath lab.

If it is determined that first medical contact (EMS/non-PCI hospital or PCI hospital) to first device used will not be possible in under 90 minutes, administer lytics if patient is eligible and then transfer to STEMI receiving center.

Written regional transfer protocols for patients who arrive at STEMI referral centers who are primary PCI candidates, are ineligible for fibrinolytic drugs, and/or are in cardiogenic shock.