



## ***STEMI Practice***

**Training-** All Paramedics receive 12lead recognition and STEMI review every 6 months.

**Activation-** Paramedics are to notify receiving STEMI facility as soon as determination is made. Activation is based on provider interpretation of the 12 lead and signs and symptoms of the patient. LBB are currently excluded from STEMI alert but medics are to contact STEMI facility with findings and transport to STEMI facility.

**Treatment-** Based on current draft protocol from Mission Lifeline.

- 12 Lead <5mins of s/s or complaint of CP
- Early notification based on provider interpretation
- ASA by EMD Dispatcher or first provider
- NTG SBP  $\geq 100$  until pain free
- PRN Fentanyl 1 mcg/kg IV, repeat dose 0.5mcg/kg q10
- **Consider: Metoprolol** 5 mg IV x 1 -if patient hypertensive (>160/90).
- Plavix 600mg PO
- Heparin 70 units/kg IV max 7000

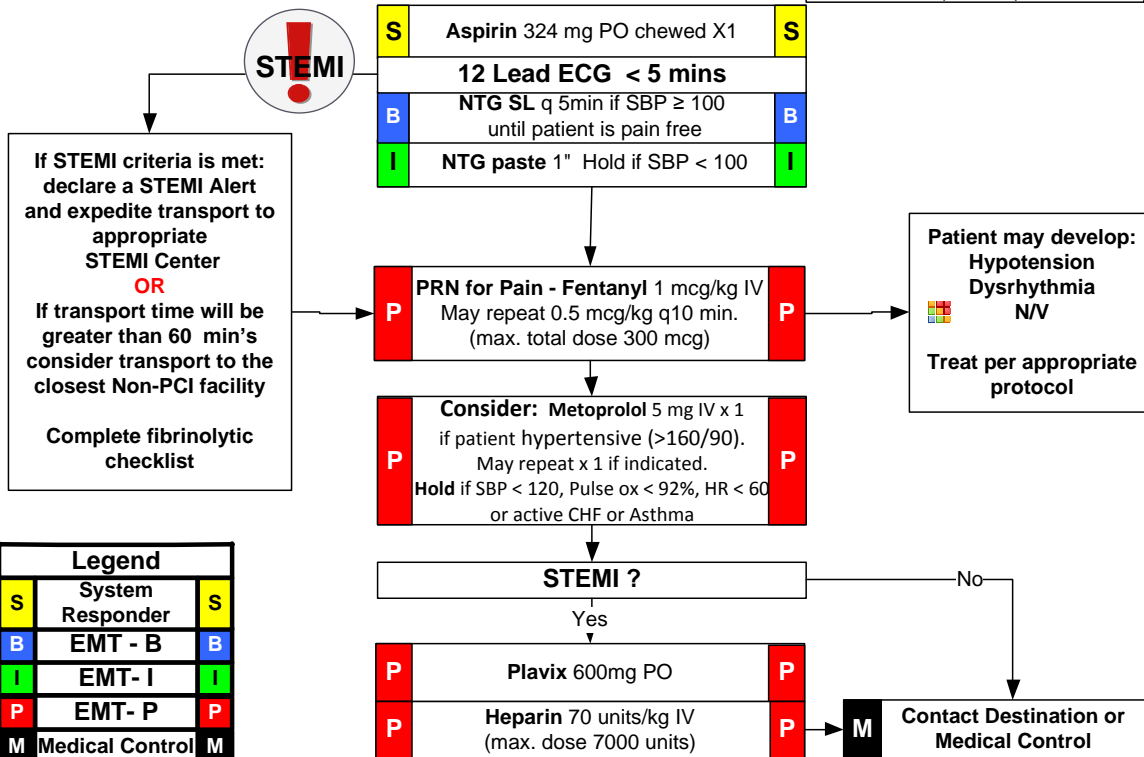
**Current Tracking-** Every Chest Pain patient record is reviewed for treatment and 12 lead interpretations. Any discrepancy is referred to PI officer. The call will then be reviewed by the Medical Director. Appropriate retraining will occur as needed.

STEMI activations are reviewed by the same process and patient follow up from the receiving hospital is attached to the patient care record. The call is reviewed for appropriateness of diagnosis and treatment of the patient. Findings are then forwarded to the Medical Director for review.

# Chest Pain, Suspected Acute Coronary Syndrome

<b>History</b> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Hyperlipidemia</li> <li>• <b>Viagra, Levitra, Cialis</b></li> <li>• Past medical history (MI, Angina, Diabetes, Post Menopausal)</li> <li>• Family HX cardiovascular disease</li> <li>• Recent physical exertion</li> <li>• Smoker</li> <li>• Stimulants</li> </ul>	<b>Signs &amp; Symptoms</b> <ul style="list-style-type: none"> <li>• CP (pain, pressure, aching, vice-like tightness)</li> <li>• Nausea, vomiting, dizziness</li> <li>• Shortness of breath</li> <li>• Pale, diaphoresis</li> <li>• Location (substernal, epigastric, arm, jaw, neck, shoulder)</li> <li>• Radiation of pain</li> </ul>	<b>Differential</b> <ul style="list-style-type: none"> <li>• Trauma vs. Medical</li> <li>• Angina vs. Myocardial infarction</li> <li>• Pericarditis</li> <li>• Pulmonary embolism</li> <li>• Asthma / COPD</li> <li>• Pneumothorax</li> <li>• Aortic dissection or aneurysm</li> <li>• GI reflux or Hiatal hernia</li> <li>• Esophageal spasm</li> <li>• Chest wall injury or pain</li> <li>• Pleural pain</li> <li>• Overdose (Cocaine)</li> </ul>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Universal Patient Care Protocol



### Pearls:

- Do not administer Nitroglycerin in any patient who has used Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours or Cialis (tadalafil) in the past 36 hours due to potential severe hypotension
- Target: Contact to PCI facility time is less than 60 minutes.
- If patient has ECG changes, or is going directly to cardiac cath lab, establish a second IV if possible.
- Monitor for hypotension and respiratory depression after administration of nitroglycerin, metoprolol and fentanyl.
- Females, diabetics and geriatric patients often have atypical pain, or only generalized complaints.
- Hypersympathetic state from amphetamine, cocaine or PCP use usually presents with sustained HR >120 bpm and HTN
- If CP in setting of stimulants utilize benzodiazepine per Behavior Protocol

