STEMI DESTINATION

PURPOSE:
A Cardiovascular STEMI Receiving Center (SRC) will be the preferred destination for patients who access the 9-1-1 system meeting defined criteria and who show evidence of a ST-elevation myocardial infarction (STEMI) on a 12 Lead electrocardiogram.

POLICY:
The following factors should be considered with regards to choice of destination for STEMI patients:

1. An EDCEMSA designated SRC should be considered as the destination of choice when the following criteria are met:
   - Identified STEMI patients based on machine interpretation of field 12 Lead ECG, verified by paramedics and, via telemetry, by the base hospital physician(s).
     - 12 Lead ECG machine interpretations reading “Acute MI”, “Acute MI Suspected”, “ST Elevation Criteria Met”, or “STEMI” are accepted as consistent with an acute MI.
   - Total estimated time is 45 minutes or less from confirmation of STEMI to the arrival at the SRC
     - Consideration should be given to traffic, weather, road conditions, and other possible travel time factors.

2. Patients who are in extremis should be transported to the closest hospital.

3. Patients with a history of high risk indicators who are outside the 45 minute SRC transport window may be considered for transport directly to the SRC despite being outside the 45 minute transport window. Contact the base hospital for consultation in this situation.

High risk indicators:
- Active internal bleeding
- Surgery within the last 14 days
- Pregnancy
- History of cerebrovascular accident (CVA) within the last three (3) months
- Intracranial or intraspinal surgery or trauma within the past two (2) months
- Known intracranial neoplasm, arteriovenous malformation, or aneurysm
- Known bleeding disorder
- Severe uncontrolled hypertension

4. Air ambulance/rescue helicopter transport may be considered for remote areas if the time window of 45 minutes from STEMI confirmation to arrival at the SRC can be maintained. The base hospital should be included in the decision to fly a STEMI patient to a SRC.

5. Selection of which SRC the patient is transported to will be based on paramedic discretion AND:
   - Proximity and travel time to the closest SRC
   - Patient’s hospital preference
   - Helipad if transporting by air ambulance
6. **Paramedic Responsibilities:**
   - Notify the base hospital physician of a “STEMI ALERT” as soon as STEMI is identified.
   - Begin transporting towards the most appropriate SRC as soon as possible with base hospital communications conducted while enroute.
   - Transmit 12 lead EKG to Base Hospital – Confirm the EKG was received.
   - Contact Base Hospital - Give patient report to include: age, sex, history, anticoagulants, Insulin, erectile dysfunction or other critical medications, allergies, vital signs, and treatment and ETA to SRC.
   - Identify the SRC the patient is being transported to and Transmit/Fax EKG as quickly as possible as this will expedite activation of the Cath Lab Team.
   - Call report to the SRC 10 minutes out.

7. **Base Hospital Responsibilities**
   - The base hospital should confirm they have received the correct EKG by verifying the time, date, patient last name, age of patient, and medic unit ID number on the EKG
   - Base Physician will interpret EKG and confirm or cancel STEMI Alert
     - If STEMI is cancelled base hospital will direct to nearest facility
   - MICN will fax copy of 12 lead EKG to SRC
   - MICN will notify SRC of **STEMI ALERT** and pending patient arrival to include brief patient report, medic unit, ETA and **Confirm receipt of 12 lead EKG**

**Approved SRC List:**

**Helipad**
UC Davis
Sutter Roseville
Mercy San Juan
Carson Tahoe

**No Helipad**
Kaiser Roseville
Sutter Medical Center (Sac)
Mercy General