



**Code STEMI Considerations:**

- Establish 2<sup>nd</sup> IV if possible with NS (250-500 ml) infusing at TKO as pre-cath hydration
- Keep patient connected to monitor, place defibrillator pads & 12 lead cables when brought into ED for physician evaluation
- If possible, remain on EMS stretcher and monitor in ED
- Prepare to be escorted to CATH Lab on EMS stretcher and monitor to expedite transfer of care to CATH LAB nurse/physician.

- Pearls**
- Exam: Mental status, neuro, skin, neck, lung, heart, abdomen, back, extremities
  - Consider STEMI imposters: LBBB, Pericarditis, Benign Early Repolarization, LV Hypertrophy, and Brugada Pattern.
  - Avoid Nitroglycerin in any patient who has used Viagra (sildenafil) or Levitra (vardenafil) or Cialis (tadalafil) in the past 24 hours due to potential severe hypotension.
  - Document the time of the FMC, 12-Lead ECG and STEMI activation
  - Apply Defib pads to all patients for whom a STEMI alert is called; pads are not mandatory for those with ECG transmitted for consult only. Provider judgment may guide pad application in non-STEMI alert patients.