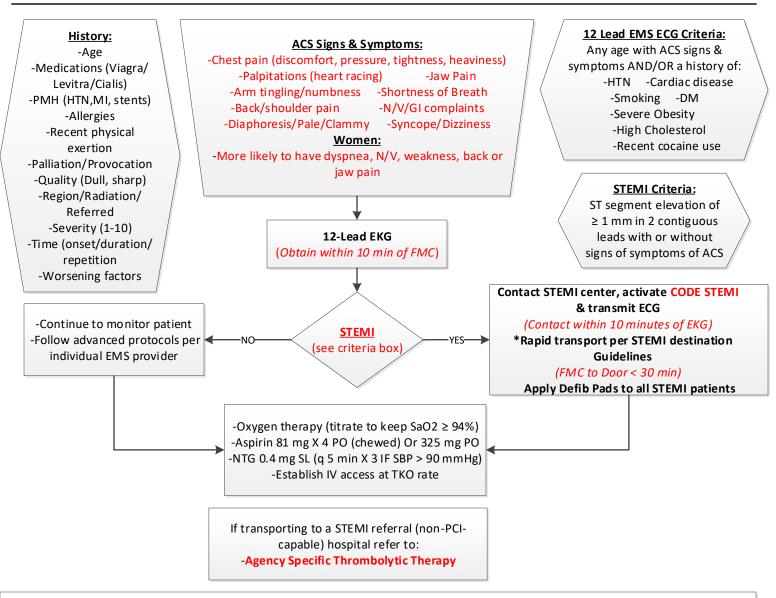


ACS/CHEST PAIN Prehospital Guidelines



Code STEMI Considerations:

-Establish 2nd 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-STEMIalert patients.

O'Gara, P. T., Kushner, F. G., Ascheim, D. D., & Casey, D. E. (2013). 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction. Journal of the American College of Cardiology, 61(4), 78–140. https://doi.org/10.1016/j.jacc.2012.11.019

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