

PPCI

Who should be transferred for PPCI?

- Patients with cardiac sounding chest pain +/- arm pain, most severe in the last 12 hours
- ST elevation
 - $\geq 1\text{mm}$ in 2 consecutive limb leads
 - $\geq 2\text{mm}$ in 2 contiguous chest leads
- Deep ST depression in V1-V3 suggesting posterior MI
- New or presumed new LBBB
- Patients with ROSC post cardiac arrest AND ECG meets criteria for STEMI

ALL NEED DISCUSSING WITH ON-CALL LHCH CARDIOLOGY REGISTRAR. Email the ECG: urgentpatients.LHCH@nhs.net

LHCH agrees to transfer for PPCI – complete the tasks in this order as quickly as possible

1. **Consent patient for transfer**
2. **Phone for an ambulance (see adjacent box)**
3. **Prescribe and verbally request nurse to give antiplatelets**
4. **Complete Transfer Checklist form – all boxes must be completed**
5. **Photocopy completed checklist form which will be given to paramedics along with original diagnostic ECG (NO OTHER PAPERWORK IS REQUIRED)**
6. **When ambulance arrives advise paramedics that they must contact Emergency Operation Control (EOC) to provide a red pre-alert and ETA**

What to tell the patient

- Explain they have a blocked coronary artery that is causing them to have a heart attack and that the best treatment is PPCI which will involve a line in the wrist or groin in the angiography suite at LHCH
- Check patient understands their diagnosis and treatment plan and consents

How to request an ambulance

- Phone 0345 140 0144
- Request “Emergency Transfer to LHCH for Primary PCI”
- You will be asked “Is the patient breathing”. The call taker has a standard set of questions they must go through so do not get frustrated.
- You will be allocated a category 2 ambulance (will arrive within 40 minutes)
- **Key points to get across to the call taker:**
 - **Patient has had a heart attack and needs transfer for PPCI to LHCH**
 - **Patient will need to be transferred on a trolley**
 - **Paramedic crew required with a defibrillator/monitor**

PPCI

When to consider thrombolysis instead of PPCI

- Patient clinically too unstable to survive journey (PPCI can still be activated post thrombolysis at a later stage)
- Long ambulance delay meaning diagnosis to balloon time could be >120 minutes. D/W LHCH
- Patient will not be able to tolerate PPCI eg unable to lie flat due to severe heart failure
- If a patient with LBBB has been declined by LHCH and you think patient is having a MI – discuss with ED Consultant

Think twice before activating PPCI if

- Patient has DNACPR
- Patient has terminal illness with poor life expectancy
- Patient will not tolerate the procedure
 - Unable to lie flat
 - Confusion/agitation

Antiplatelets

- **Aspirin 600mg** in all patients before transfer unless contraindicated.

Transferring a patient after ROSC – will need discussion with LHCH cardiology registrar before transfer

- Anaesthetists will transfer the patient if intubated - they are expected to wait at LHCH to take the patient back to our ICU
- Encourage a quick but safe transfer, avoid arterial lines and central lines if possible
- If patient has ROSC, is stable and NOT intubated, then only need a paramedic crew to transfer

Key performance indicators

- Patients with cardiac sounding symptoms should have an ECG within 10 minutes of arrival at ED
- Diagnostic ECGs for PPCI should be reviewed by a clinician and PPCI pathway activated within 10 minutes of seeing the ECG
- Patients should be in the angiography suite at LHCH within 120 minutes of diagnostic ECG

APPENDIX FOUR

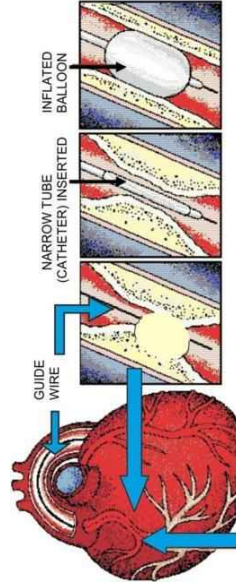
PRIMARY PCI TRANSFER CHECKLIST (Revised November 2021)

DATE		HOSPITAL		A&E NUMBER		HOSPITAL NUMBER	
1. PATIENT DETAILS (use label if available) NHS NUMBER _____ DOB _____ GENDER _____ SURNAME _____ FORENAME _____ ADDRESS (including postcode) _____							
2. BROUGHT IN BY AMBULANCE YES/NO (if yes, please include initial NWS ECG with transfer checklist) PATIENT REPORT FORM (PRF) COPY ATTACHED YES/ NO (If no, complete ambulance details below) and STATE if SELF PRESENTER YES/NO _____ or IN PATIENT YES/NO _____ *EMERGENCY/URGENT (E/U) NUMBER _____ TIME OF 999 CALL _____ : _____ TIME OF HOSPITAL ARRIVAL _____ : _____ *STEMI DIAGNOSED ON ARRIVAL IN A&E YES/NO If no, TIME AND DATE STEMI DIAGNOSED _____ : _____ : _____							
3. CLINICAL DETAILS TIME & DATE OF ONSET OF CHEST PAIN _____ : _____ TIME OF ECG INDICATING STEMI CALL _____ : _____ (please include first diagnostic ECG with transfer checklist) _____)							
4. DRUGS REQUIRED BEFORE TRANSFER ASPIRIN (600MG): DOSE _____ GIVEN BY _____ TIME _____ : _____ NB change to policy, Feb, 2022. STEMI patients are no longer loaded with dual antiplatelet therapy (DAPT, Ticagrelor/Prasugrel or Clopidogrel in addition to aspirin). A decision on DAPT will be made at the time of angiography, at LHCH.							
5. CONSENT PATIENT UNDERSTANDS REASON FOR TRANSFER AND HAS VERBALLY CONSENTED? YES/NO If appropriate, relative understands reason for transfer and has been given next of kin information booklet? YES/NO State relationship (_____)							
*6. REQUEST EMERGENCY AMBULANCE TRANSFER TO LHCH !!THIS SHOULD BE DONE ONLY AFTER DISCUSSION WITH THE ON CALL CARDIOLOGY REGISTRAR OR CONSULTANT AT LHCH!!! Emergency line 03451400144 or 999 **It is crucial that the Clinician must request **EMERGENCY TRANSFER FOR PRIMARY PCI** TIME AMBULANCE REQUESTED: _____ : _____ BOOKING NUMBER _____							
7. ACTIVATE PPCI PATHWAY IT IS THE RESPONSIBILITY OF THE NWS CLINICIAN TO INFORM LHCH OF TRANSFER WHEN LEAVING THE HOSPITAL WITH THE PATIENT, VIA THE EOCC, GIVING AN ETA Operator immediately confirms the information and activates the 'LHCH Primary PCI Policy' by telephoning the dedicated number 0151 600 1817 TIME LHCH INFORMED OF PATIENT _____ : _____ TELEPHONED BY _____							
8. RESPONSIBILITIES RESPONSIBLE CONSULTANT _____ REFERRING DOCTOR _____ SIGNATURE OF REFERRING DOCTOR _____							

Completed Form, Original Diagnostic ECG, (plus initial NWS ECG if performed) and PRF - to be handed to the Transferring Ambulance Crew. No other documents are required.

****IMPORTANT INFORMATION****

Often the most appropriate treatment for a heart attack is called 'primary angioplasty' or 'primary PCI'. This involves passing a long narrow tube, via the forearm or groin, into the heart vessel causing the problem and inflating a small balloon to physically unblock it.



BLOCKAGE

Blocked vessel -----+unblocked vessel

The Liverpool Heart & Chest Hospital, Broadgreen, Thomas Drive, Liverpool, L14 3PE 4
1If Telephone: 0151 228 1616