

PCP – CHAMP STEMI Protocol

Clinical Pathway for Direct Transport to PCI center (*use only if locally trained to use*)

Patient Name: _____ EHS Crew: _____

Date of Birth: __D / _____M/ _____Y/ _____ Age: _____

Allergies: _____ EVENT # _____

Times to record:

Symptom Onset: _____

BCEHS on scene: _____

Transport Initiation: _____

First 12 Lead ECG: _____

Hospital Arrival: _____

CathLab BCEHS discharge time: _____

All patients: (check when done)

☐ **Baseline history and examination**

- ☐ **Location:** (where is the pain?)
- ☐ **Onset:** (when did it start?)
- ☐ **Type** (description of pain; sharp, dull, burning, pressure, heaviness)
- ☐ **Associated symptoms** (SOB, nausea, diaphoresis, neuro symptoms, syncope)
- ☐ **Aggravating:** (Does the pain increase with inspiration, palpation, movement?)
- ☐ **Relieving/ Radiation** (Does anything relieve the pain? Does it radiate anywhere?)
- ☐ **Precipitating:** (What were you doing when this started?)
- ☐ Past medical history of heart disease: CAD, angina, ACS, CABG, stent, etc.
- ☐ COVID screening
- ☐ GCS ____ /15 HR ____ bpm RR ____ , O2 sat ____ %
- ☐ BP R arm _____ mmHg, L arm _____ mmHg
- ☐ Auscultate lung fields

☐ Supplemental Oxygen if SpO2 < 94%

☐ Obtain 12 lead ECG in <10 minutes if:

- Patient is > 18 years of age **and**
- Transport time to PCI-center < 90 minutes **and**
- Chest pain onset < 12 hours **and**
- Active, non-traumatic, chest pain/ suspected ACS

INDICATIONS for direct transport to closest PCI center
(CHECK ALL THAT APPLY AND REVIEW WITH PHYSICIAN)

YES | NO

- ☐ | ☐ Transport time to PCI-center less than 90 minutes
- ☐ | ☐ ECG indicates *** **MEETS ST ELEVATION MI CRITERIA** ***
- ☐ | ☐ History consistent with ischemic chest pain
- ☐ | ☐ Age > 18
- ☐ | ☐ Pain onset <12 hours ago
- ☐ | ☐ Case discussed with PCI-center ED physician and accepted

CONTRAINDICATIONS for direct transport to closest PCI center
(TRANSPORT TO NEAREST FACILITY IF ANY CONTRAINDICATIONS ARE MET)

YES | NO

- ☐ | ☐ Cardiac arrest without ROSC
- ☐ | ☐ CTAS 1 and paramedic unable to secure airway
- ☐ | ☐ Hemodynamic instability unresponsive to treatment
- ☐ | ☐ Inadequate ventilation despite assistance
- ☐ | ☐ Cannot lie flat
- ☐ | ☐ Prior Coronary Artery Bypass Graft surgery or TAVI (Trans catheter Aortic Valve Implantation)
- ☐ | ☐ Recent/Concurrent chest wall trauma
- ☐ | ☐ Recent surgery (<2 weeks)
- ☐ | ☐ Active bleeding
- ☐ | ☐ Known terminal comorbidities which significantly limit lifespan
- ☐ | ☐ Moderate to severe dementia
- ☐ | ☐ Patient in long term care facility
- ☐ | ☐ Previously expressed limitations of invasive care which the patient does not wish to alter

☐ If ECG indicate *** **MEETS ST ELEVATION MI CRITERIA** ***, transmit ECG to PCI center and initiate transport

☐ Call receiving PCI hospital to ***confirm appropriate destination with ED physician***

- ☐ "I have a possible STEMI patient; I have transmitted the ECG"
- ☐ Name, sex, age, DOB, PHN, COVID screening
- ☐ LOTAARP
- ☐ Pertinent PMHx, Current vital signs, Treatment given
- ☐ Review Indications and Contraindications list
- ☐ Provide your cell phone number and ETA

☐ Apply Quick-combo pads if STEMI identified

☐ Administer Medications:

- ☐ ASA 160 mg PO chew and swallow Time: _____
- ☐ Consider anti-emetic medication for nausea if indicated
- ☐ Nitroglycerin 0.4 mg spray q5 min x 3 doses PRN for chest pain **IF SBP > 110** and in accordance with ED physician.
- ☐ Consider Entonox – Inhaled PRN to effect if nitro not given
- ☐ Initiate IV in left arm (**NOT in right wrist**)
- ☐ Fluid PRN only if SBP < 90mmHg as per PCP guidelines

During transfer:

- ☐ Continuous 3 leads ECG and SpO2 monitoring, BP q. 10 minutes
- ☐ Obtain 12 lead ECG q. 30 minutes
- ☐ Meet ACP crew enroute if available
- ☐ If Vital signs absent (VSA), treat with usual cardiac arrest protocol
- ☐ Call CliniCall for concerns during transfer if needed
- ☐ Consult with PCI-center ED physician to reconsider diversion to closest hospital if:
 - Unable to maintain SpO2 > 90 %
 - Hemodynamic instability with SBP < 90mmHg at any point

** If confirmed-STEMI patient has brief cardiac arrest during transfer, then ROSC with subsequent stable VS and GCS 15: may still require transfer to PCI center in discussion with ED physicians**

Once Patient Admitted at PCI-center:

- ☐ You do not need to wait at PCI-center for your patient
- ☐ Complete all sections of PCP-CHAMP protocol, leave CHAMP form, ePCR and copies of 12-Lead with the patient's chart
- ☐ Attach photo of completed form and 12 Lead ECG to Siren