

STEMI Transfer

History

- Age
- Medications (e.g. Viagra, Sildenafil, Levitra, Vardenafil, Cialis or Tadalafil)
- Past medical history (e.g. MI, angina, diabetes, or post menopausal)
- Allergies
- Recent physical exertion
- Provocation
- Quality (e.g. pressure, constant, sharp, dull, etc.)
- Region/Radiation/Referred
- Severity (0 – 10 scale)
- Time (onset/duration/repetition)

Signs and Symptoms

- Heart rate < 60 with associated hypotension, acute altered mental status, chest pain, acute CHF, seizures, syncope, or shock secondary to bradycardia
- Chest pain
- Respiratory distress
- Hypotension or shock
- Altered mental status
- Syncope

Differential

- Acute myocardial infarction
- Hypoxia
- Pacemaker failure
- Hypothermia
- Sinus bradycardia
- Athletes
- Head injury (elevated ICP) or stroke
- Spinal cord lesion
- Sick sinus syndrome
- AV blocks (e.g. 1°, 2°, or 3°)
- Overdose

Diagnosed with a STEMI

P	Cardiac monitor
	EtCO ₂ monitoring
	Oxygen Titrate to SpO ₂ ≥ 94%
	<i>If not previously administered at the hospital and initial SBP > 90, consider</i> Nitroglycerin 0.4mg sublingual May repeat every 5 minutes as needed. Maximum 3 doses
	<i>For pain relief (if SBP > 90) consider</i> Fentanyl 50 – 200mcg IV titrated in 25 – 50mcg increments

Notify receiving facility.
Contact Base Hospital for medical direction, as needed.

BH
Contact Base Hospital for additional order

Designated STEMI Receiving Centers

John Muir – Concord
John Muir – Walnut Creek
Kaiser – Walnut Creek
San Ramon Regional
Sutter Delta

Approved Out Of County STEMI Receiving Centers

Highland
Kaiser – Vallejo
MarinHealth
ABMC – Summit – Oakland
Kaiser – Oakland
SHC – ValleyCare

Interfacility Transfer Treatment Guidelines

Pearls

- Patients with a STEMI needing interventional cardiac care require timely transfer. A scene time of 10 minutes or less at the sending facility is ideal.
- Treatment during interfacility transfer varies from field approach to chest pain/ACS:
- Confirmatory ECG for a STEMI has already been done by the hospital and does not need to be repeated prior to transfer or during transport to receiving facility.
- Aspirin or other anti-platelet treatment, if indicated, should be administered by sending hospital prior to transport.
- Patients generally will be directed to the cath lab upon arrival.
- Outcome of STEMI patients is directly related to timeliness of intervention to relieve coronary artery occlusion. Minimizing time delay in transfer is essential.

