



DO YOU SUSPECT STEMI OR ACUTE MI?

FIRST RESPONDER

OBTAIN
ECG

TRIGGERS FOR STAT 12-LEAD ECG

- Chest discomfort, acute or worsening shortness of breath, unexplained diaphoresis or nausea
- Acute clinical deterioration (Gray skin-tone, hypotension, hypoxemia, and/or altered mental status)
- ST changes or arrhythmia on telemetry

WITHIN THE FIRST 10 MINUTES



STAT page
Responding Clinician:
"Suspect Acute MI"

AND



Call
Rapid Response*
x6-3333



Print ECG &
Transmit to
MUSE

**Non-Cardiac/ICU units*

ALERT

RESPONDING CLINICIAN or MED SR

READ ECG

STEMI CRITERIA

- ✓ **NEW** ST elevation:
 - ≥ 1 mm in at least two contiguous leads
 - ≥ 2 mm (men) or ≥ 1.5 mm (women) in V2-V3
- ✓ **NEW** ST depression in at least two leads V1–V4
- ✓ **NEW** Multi-lead ST depression with ST elevation in aVR
- ✓ **NEW** Left Bundle Branch Block with acute symptoms



Start **.AcuteMIMGH** SmartPhrase in Epic to provide relevant information to clinical team

ONE OR MORE STEMI CRITERIA MET?

YES

Call
Cath Emergency STEMI Line
x6-8282

UNCERTAIN

STAT page
General Cardiology Consult*:
"Suspect Acute MI"

**See Partners Phone Directory for on-call info*

ESCALATE