

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)

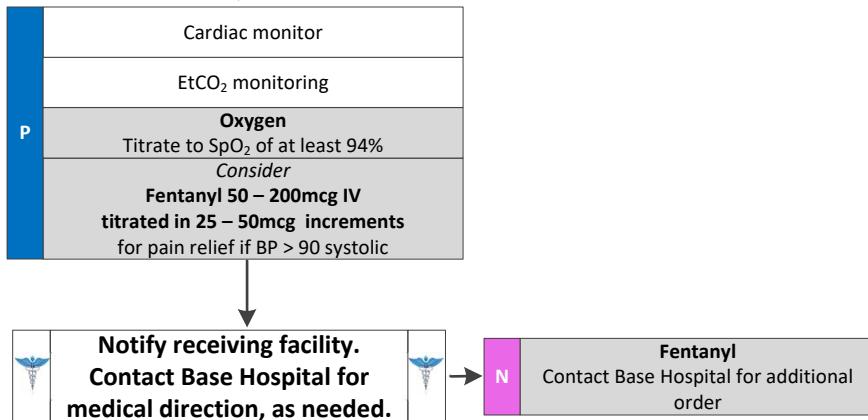
Signs and Symptoms

- 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^o, 2^o, or 3^o)
- Overdose

Diagnosed with a STEMI

**Approved STEMI Receiving Centers**

- John Muir – Concord
- John Muir – Walnut Creek
- Kaiser – Walnut Creek
- San Ramon Regional
- Sutter Delta
- Highland – Oakland
- Kaiser – Vallejo
- Marin General
- Summit – Oakland
- Kaiser – Oakland
- Valley Care – Pleasanton

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.
 - Nitroglycerin treatment is not required and is generally ineffective in patients with a confirmed STEMI.
 - 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.



Treatment Guideline I01