



## STEMI DESTINATION

REVISION: 03/25

(Signature On-file)  
David Duncan, EMS Agency Medical Director

### POLICY:

1. The preferred destination for patients showing ST-elevation myocardial infarction (STEMI) on a 12 Lead electrocardiogram (ECG) will be a STEMI Receiving Center (SRC)
2. An EDCEMSA recognized SRC should be considered as the destination of choice when the following criteria are met:
  - Identified STEMI based on machine interpretation of field 12 Lead ECG, verified by paramedics and base hospital physician(s).
  - Total estimated time is 45 minutes or less from confirmation of STEMI to the arrival at the SRC, considering all possible travel time factors.
3. On-scene time for STEMI patients should be limited to < 15 minutes. Document any circumstances that delay scene time beyond 15 minutes.
4. Patients who are in **extremis** should be transported to the closest hospital.
5. Patients at **high risk for thrombolytic complications** who are outside the 45-minute SRC transport window may be considered for transport directly to the SRC. **Contact the base hospital for consultation in this situation.**

Machine interpretations of:

- "Acute MI",
- "Acute MI Suspected",
- "ST Elevation Criteria Met", or
- "STEMI"

are indicative of STEMI.

### High risk for thrombolytic complications:

- Active internal bleeding
  - Surgery within the last 14 days
  - Pregnancy
  - History of cerebrovascular accident (CVA) within the last three (3) months
  - Intracranial or intraspinal surgery or trauma within the past two (2) months
  - Known intracranial neoplasm, arteriovenous malformation, or aneurysm
  - Known bleeding disorder
  - Severe uncontrolled hypertension (BP > 180/110)
6. If flight provides a **shorter time** to SRC intervention, consider air ambulance (select ground or air transport based on actual time to SRC).
    - Do not delay transport to await air ambulance if the time benefit is not clear.

7. Paramedic Responsibilities:

- Notify the base hospital physician of a "STEMI ALERT" as soon as STEMI is identified (*not at normal ringdown/call-in*).
- Begin transporting to the most appropriate destination as soon as possible with further communications conducted enroute.
- Transmit 12 lead ECG to Base Hospital – Confirm the ECG was received.
- Contact Base Hospital - Give patient report to include age, sex, history, anticoagulants, Insulin, erectile dysfunction or other critical medications, allergies, vital signs, treatment enroute and ETA.
- If transporting to an SRC, transmit ECG and radio call report as soon as possible.

8. Base Hospital Responsibilities

- The base hospital should confirm they have received the correct ECG by verifying the time, date, patient last name, age of patient, and medic unit ID number on the ECG
- Base Physician should interpret ECG and confirm or cancel STEMI Alert
  - If STEMI is cancelled base hospital will direct to nearest facility
- MICN will transmit 12 lead ECG to SRC
- MICN will notify SRC of **STEMI ALERT** and pending patient arrival to include brief patient report, medic unit, ETA and **Confirm receipt of 12 lead ECG**

