

POLICY: 530.00
TITLE: STEMI Triage and Destination

EFFECTIVE: 5/1/26
REVIEW: 5/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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STEMI Triage and Destination

- I. AUTHORITY
Division 2.5, California Health and Safety Code, Sections 1797.67, 1798, 1798.101, 1798.105, and 1798.170.
- II. DEFINITIONS
 - A. ALS means Advanced Life Support, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code.
 - B. Pre Hospital Care Provider means the ambulance service provider, fire service agency, or any other emergency service provider authorized by Mountain Counties EMS Agency.
 - C. ST Elevation Myocardial Infarction (STEMI) means an acute myocardial infarction that generates ST-segment elevation 1 mm or more in at least two leads on a 12-lead ECG.
 - D. STEMI Alert is a report from Prehospital personnel that notifies a STEMI Receiving Center or STEMI Referral Hospital as early as possible that a patient has a specific computer-interpreted Prehospital 12-lead ECG indicating a STEMI.
 - E. STEMI Patient means a symptomatic patient 18 years of age or greater who has received a 12 lead electrocardiogram in the pre-hospital environment that stipulates *****Acute MI Suspected***** or **“ECG Suggestive of Acute MI”** on the computer interpretation on the ECG.
 - F. STEMI Receiving Center (SRC) is a hospital that has an interventional cardiology lab licensed by the Department of Health Services and approved by the local EMS agency which provides emergent cardiac catheterization 24 hours a day, 7 days a week, 365 days a year, with an established quality assurance program and a written commitment by the hospital administration supporting the center’s interventional cardiology mission for STEMI patients.
 - G. STEMI Referral Hospital (SRH) is any hospital that lacks the availability or continuous availability of 24/7/365 cardiac catheterization. These hospitals have the ability to administer thrombolytics to a STEMI patient. These hospitals also have

written transfer policies for STEMI patients to STEMI Receiving Centers.

III. PURPOSE

To establish guidelines for Emergency Medical Service personnel to identify and transport patients with acute ST-Elevation Myocardial Infarction (STEMI) who may benefit from the rapid response and specialized services of a STEMI Receiving Center (SRC).

IV. POLICY

This policy applies to adult patients with chest pain or symptoms suggestive of Acute Coronary Syndrome (ACS) with a 12-lead ECG demonstrating elevated ST-segments indicating a specific type of myocardial infarction.

V. TRIAGE

- A. Patients with chest pain or symptoms suggestive of Acute Coronary Syndrome (ACS) shall have a 12-lead ECG performed within 10 minutes of arrival on scene or onset of symptoms if symptoms begin after arrival on scene.
1. 12-lead ECG's showing suspected STEMI will be transmitted, if possible, to SRC by ambulance provider's 12-lead ECG transmission device.
 2. Exceptions include patients who are not cooperative with the procedure or patients in whom the need for critical resuscitative measures preclude performance of 12-lead ECG.
 3. Paramedic shall review the 12-lead ECG tracing in all instances to assure that little or no artifact exists (steady baseline, lack of other electrical interference, complete complexes present in all 12 leads). Repeat ECG may be necessary to obtain an accurate tracing.
 4. On-scene time for STEMI patients should be limited to < 15 minutes. Document any circumstances that delay scene time beyond 15 minutes.
- B. If computerized interpretation of accurately performed 12-lead ECG indicates either ***Acute MI*** or ***Acute MI Suspected*** or ***STEMI***, the patient qualifies as a candidate for transport to a STEMI Receiving Center. Patients without these findings shall be transported per MCEMS receiving facility criteria policy 511.00.

Note: Hypotensive STEMI patients should be transported to the closest ED.

VI. DESTINATION

- A. A patient with an identified STEMI should be transported to the a designated STEMI Receiving Center with the shortest ETA if estimated transport time is 60 minutes or less.
- B. If transport time to a STEMI Receiving Center is estimated to be greater than sixty (60) minutes, the patient shall be transported to the STEMI Referral Hospital with the shortest ETA. Mountain Counties Accredited Paramedics may exercise their judgment and, in communication with the base hospital, request air transport (if available) of STEMI patients to a SRC. 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.
- C. Unstable STEMI patients shall be transported to the nearest emergency department. Unstable STEMI patients are defined as any ONE of the following:
1. Patients under CPR

2. Inability to ventilate and/or oxygenate the patient with BLS maneuvers.

VII. STEMI ALERT/PATIENT REPORT

- A. The STEMI Alert should contain the following information:

1. Brief Radio Report:

- a. Identification of the call as a “STEMI Alert.”
- b. Estimated time of arrival in minutes for STEMI.
- c. Patient age and gender.
- d. Confirm ECG states ***Acute MI*** or ***Acute MI Suspected***or ***STEMI***
- e. Any urgent patient concerns, including symptoms, vital signs, significant abnormal physical findings, response to treatment, IV access difficulty, and communication barriers.

VIII. DOCUMENTATION

- A. A copy of the 12-lead ECG shall be delivered to the nurse or doctor caring for the patient at arrival in the Emergency Department
- B. A copy of the 12-lead ECG shall be generated for inclusion in the Prehospital Patient Care Report (PCR) or incorporated via electronic means into the record. The finding of STEMI on 12-lead ECG and confirmation of the STEMI Alert shall also be documented on the PCR.