STEMI and STROKE ALERT POLICY

The purpose of this policy is to provide a clear and succinct verbal cue during EMS to hospital communications of patient conditions which will require the activation of specialized resources within the hospital. This policy is limited to the conditions listed and must be used in coordination with the radio communications procedure for the format of reports. Direct (not relayed) and early contact with on-line Medical Control is required for these Alerts.

STEMI ALERT:
1. The declaration of a STEMI Alert is to be based on the following criteria:
   a. Patient has signs and symptoms of an Acute Coronary Syndrome (ACS)
   b. Evidence of STEMI based on 12 Lead EKG
      i. One or more of the following are present
         1. ECG shows 1 mm or more of ST elevation in 2 or more contiguous limb leads or 2 mm or more of ST elevation in precordial leads, in the absence of Bundle Branch Block.
         2. P-waves precede QRS complexes and QRS is wider than 120ms (0.12 seconds) – report must include both the STEMI alert and the presence of BBB
         3. ST depression, indicative of reciprocal change, is present in at least two contiguous leads
         4. ECG machine reads ***ACUTE MI SUSPECTED*** or equivalent
            a. Paramedic does not dispute machine interpretation
               i. Misinterpretation due to artifact or irregularity
               ii. Improper lead placement
      ii. Evaluate for conditions which may mimic STEMI, if unable to determine if these conditions are present, default to the STEMI alert. If a mimic is found, direct contact with on-line medical control is required as it is for the STEMI patient.
         1. Paced Rhythms
         2. Idioventricular rhythms
         3. Ventricular Tachycardias
         4. Frequent PVC’s
         5. Left Ventricular Hypertrophy
         6. Ventricular Aneurism
         7. Benign Early Repolarization
         8. Pericarditis
         9. Hyperkalemia

2. Per the local MCA Radio Communication plan, notify the destination hospital at the start of the report of the STEMI Alert
3. State the evidence for the STEMI Alert
   a. Signs and symptoms suggestive of STEMI
   b. ECG findings: STEMI Location
   c. Time of onset of ACS symptoms
   d. Current Pain level
   e. Machine interpretation findings
   f. Cardiologist name or group (Important for alerting the proper cardiology group)
   g. Other standard report components, including estimated time of arrival
4. In documentation of the case on the PCR, include all that apply in specific data fields (if provided) or in the narrative: Paramedic Interpretation of STEMI; Paramedic Agreement with Machine Interpretation of STEMI; Paramedic Disagreement with Machine Interpretation of STEMI

STROKE ALERT:
1. For cases where a patient presents with signs and symptoms indicative of stroke, CVA or TIA, the report must be initiated with the phrase “Stroke Alert”.
   a. Patient has signs and symptoms consistent with stroke
   b. Even if symptoms appear to be resolving, the “stroke alert” terminology is to be used.
2. Per the local MCA Radio Communication plan, notify the destination hospital at the start of the report of the STROKE Alert
3. State the evidence for the STROKE and pertinent information
   a. Facial Droop
   b. Arm Drift
   c. Speech slur
   d. Onset time of symptoms with duration
   e. Other standard report components, including estimated time of arrival

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