

# CODE STEMI Protocol URGENT Transfer to UOHI for PRIMARY PCI

## ONSET OF SYMPTOMS <12 HRS:

Clinical presentation in keeping with acute myocardial ischemia, i.e.: discomfort- chest, jaw, back, stomach or dyspnea 12 LEAD ECG CRITERIA: 1 mm ST-segment elevation in 2 contiguous leads

→ E 1 H

Show the ECG to the ED Physician within **10 minutes** of hospital arrival

# EMERGENCY PHYSICIAN IDENTIFIES STEMI BY 12 LEAD ECG AND DOES THE FOLLOWING:

## PRIMARY PCI PROTOCOL

Call Dispatch and arrange for ambulance. Call Ministry at 1-866-869-7822 and obtain MT number.Do NOT delay transfer to obtain MT number, patient can be sent without it.

Ensure patient receives the following:

- 1. ASA: 160 mg chewable
- 2. Ticagrelor: 180 mg
- 3. Unfractionated Heparin: IV bolus 60u/kg (max 4000u). No infusion required. Do NOT use low molecular weight heparin (LMWH).

Inform patient of transfer to the Ottawa Heart Institute

Send the following with patient (if not possible, fax documents):

- ECG, Emergency Department triage notes
- Ambulance Call Report, if patient presented by EMS
- CBC with platelet count (do NOT delay transfer, patient can be sent without)
- Lytes, creatinine, glucose (do NOT delay transfer, patient can be sent without)

Remind Paramedics that it is their responsibility to activate Code STEMI by notifying Ottawa Heart Institute of STEMI transfer upon leaving the sending hospital. Provide Ottawa Heart Institute with name of patient, referring hospital & ETA.

#### **UOHI CONTACTS:**

Daytime: 08:00-16:00 hrs

Tel: 613-696-7000 Ext. 19733 Fax: 613-696-7144

**Off-hours:** Nursing Coordinator

Tel: 613-696-7000 Ext. 13661 Fax: 613-696-7143

#### FIBRINOLYSIS?

Consider fibrinolysis if the time interval between the call to dispatch and paramedics arrival >30 mins.

#### NO NEED TO CALL UOHI UNLESS:

- 1. Cardiogenic shock or;
- 2. Intubated or;
- 3. TNK is given or;
- 4. Severe contrast (dye) allergy.

#### CARDIOLOGY CONSULTATION?

If symptoms do not conform with CODE STEMI protocol (i.e., LBBB, positive only on 15 Lead ECG) and there is concern for patient to go for acute coronary angiogram, consult with cardiology.

# TIME IS MYOCARDIUM, MINUTES COUNT!

Symptoms of cardiac ischemia warrant an ECG

Target: Door-to-ECG within 10 minutes

**Emergency** physician triages patient for Urgent Transfer

Medications: ASA, Ticagrelor, Unfractionated Heparin

nstruct paramedics to activate Code STEMI