

C-06  
CHEST PAIN/STEMI

EMT or AEMT may run and transmit 12-lead EKG's when service specific training is provided.

First Responder  
EMT  
AEMT  
Paramedic

Universal Care 1-01

Continuous ECG & 12-Lead ECG 1-05

Transmit ECG if able

AND

Evaluate for STEMI

**STEMI ALERT Protocol**

- 12-lead EKG ASAP with concerning symptoms.
- As soon as 12-lead EKG confirms STEMI, determine destination preference (if able):
  - Patient/family preference (always first IF facility has appropriate level of care)
  - No preference (<45 minute transport) = transport to closest appropriate facility
  - No preference (>45 minute transport) = request air transport if available [see Z-01].
- Contact dispatch with "STEMI ALERT" and destination.
- Dispatch will alert receiving ED by phone of "STEMI ALERT", or LifeStar if >45 minute transport expected.
- Transmit 12-Lead EKG to destination facility (*if able*).
- Encode to receiving facility 5-10 minutes out, starting with "I have a STEMI ALERT, \_\_\_ year-old M/F, etc..."

**E** Aspirin 324 mg  
Chewed/swallowed if not self-dosed within 24 hours (or if unknown)

<100

SBP?

>100

**A** NS 250 mL bolus  
 • Repeat as needed  
 • Monitor for signs of pulmonary congestion

If SBP <90 continues (or if signs of pulmonary edema)

Consider Vasopressor Per Medical Shock Protocol M-06

**A** Nitroglycerine 1 spray/tab SL  
 EMT may assist with home NTG  
 • Repeat every 5 minutes  
 • Max of THREE doses unless SBP > 200 as per HTN guideline [M-07]

If pain continues (greater than 5 out of 10)

Pain Management GL RX-02

## NOTES:

- EMT/AEMT may **run and transmit** 12-lead EKG's after service specific training.
  - EMT/AEMT cannot base treatment decisions on the 12-lead EKG.
  - For patients with symptoms concerning for STEMI, notify the receiving ED that the 12-lead was transmitted so that it can be interpreted and STEMI code activated if appropriate.
- Do not administer Nitroglycerin in any patient who has used an erectile dysfunction medication due to potential severe hypotension:
  - Viagra (sildenafil) or Levitra (vardenafil) in the past 24 hours, or
  - Revatio (sildenafil)--used for pulmonary hypertension--in the past 24 hours, or
  - Cialis (tadalafil) in the past 48 hours.
- Diabetics and geriatric patients often have atypical pain, or only generalized complaints such as abdominal pain, nausea, indigestion, back pain, etc.
- Hypersympathetic state from stimulant abuse (e.g. cocaine or methamphetamine) usually presents with sustained HR >120 bpm and HTN. If chest pain occurs in setting of stimulants utilize benzodiazepine per Excited Delirium [F-01] /Sedation [RX-03] Protocol in addition to above.

## QI Review Parameters (Chest Pain):

1. 12-Lead ECG performed and attached to PCR?
2. Appropriate Interpretation of 12-Lead ECG? (*Within reason*)
3. ASA given (or documented "given PTA" or allergy)?
4. **Male Only:** Viagra, Cialis or other erectile dysfunction drug use in past 24 hours documented?
5. NTG given appropriately?

## QI Review Parameters (STEMI):

1. Appropriate EKG Interpretation of STEMI?
2. 12-Lead Run within 10 minutes of Patient Contact?
3. EKG Transmitted to Destination?
4. Destination Facility notified of "STEMI Alert"? (*via dispatch or direct contact*)