PRE-HOSPITAL MI ALERT CRITERIA FOR EMS

INCLUSION CRITERIA

- **12 Lead Electrocardiogram:**
  - ≥ 1 mm ST segment elevation in 2 anatomically contiguous limb leads or 2 mm precordial leads **(EXCEPTION: when STE only in V1 and V2)**
- **EMS, ED, IC consensus decision**
  - based on paramedic interpretation on call or ideally clean transmission of 12 lead electrocardiogram
- **Symptoms < 24 hours**
- **Age – 35-89**

EXCLUSION CRITERIA

- **Cardiogenic shock** (persistent HR>120 bpm and SBP<90)
  - these patients may require vasopressors and stabilization to safely perform invasive catheterization.
- **Cardiac Arrest**
  - ED, see "thoughtful pause" algorithm.
- **Rhythm exclusion**= LBBB, paced rhythm, hemodynamically unstable arrhythmias (e.g. recurrent ventricular arrhythmias requiring ongoing treatment)
- **DNR/DNI**
- **Hypoxia**
  - Unstable oxygen saturation or need for high flow oxygen or BiPAP.
- **Unable to provide consent due to underlying condition (e.g., dementia, or patient request for no procedure)**

ADDITIONAL CONSIDERATIONS:

- **IMPORTANT: Direct to Cath lab (bypass ED), must confirm staff capable of accepting the patient. If not, the patient is to be taken to ED first and taken to cath lab when staff are ready to accept.**
- Open lines of communication and respectful dialogue among team members are paramount for success.
- The ultimate decision to proceed with performing emergent angiography is based on a decision by on call interventional cardiologist.
- Feedback to EMS and ED
  - can be requested at any time through the Pre-hospital website or by contacting the St. Luke's EMS liaison.
  - Routine feedback of all over-calls (Diagnosis not MI and no emergency angiography) and correct calls within 72 hours.

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