GOAL: Timely emergency cardiac catheterization at Weiler for patients presenting with STEMI

ENTRY CRITERIA  Chest Pain AND EITHER
1mm ST elevation in 2 limb leads or 2 lateral precordial leads (V4 – V6)
OR
2mm ST elevation in 2 anterior precordial leads (V1 – V3)
OR
ST depression with prominent R wave in V1 and V2 (suspected posterior wall STEMI)
OR
LBBB that meets Sgarbossa’s criteria*
OR
If Right Ventricular MI suspected, obtain right sided leads: > 0.5 mm ST elevation in V4R

* NOTE: Call cardiology fellow to see patient with chest pain (concerning for MI) and new LBBB (that do not make Sgarbossa’s criteria) before activating cath team and ambulance (most have cardiomyopathy).

ED PROTOCOL
1. Offer patients emergency cardiac cath at Weiler. If patient refuses, offer thrombolytic therapy.
   If patient agrees to cardiac cath then:
   EM ATTENDING ACTIVATES SYSTEM WITH SINGLE PHONE CALL:
2. Call (888) ME-HEART (888 634-3278) (Weiler Cath Team Page) & say, “We have a STEMI in the Jacobi ED”
   a. The Ambulance and Cath Team will be mobilized immediately
   b. Empress Ambulance should arrive within 20 minutes
   c. Weiler CCU nurse will call Jacobi ED nurse for report
3. If any uncertainty whether EKG represents a true STEMI or need cardiology assistance, page Jacobi cardiology fellow.
4. Screen for contrast dye allergy. For anaphylaxis, offer thrombolysis. For lesser allergy, offer cath and give Benadryl 50 mg IV and hydrocortisone 100 mg IV.
5. Ambulance / Empress Arrival
   a. Give Empress crew copies of (1) triage note (2) ED chart (3) EKGS (4) Inter-Institutional Transfer form
   b. Empress should not have to do any other paperwork at Jacobi
   c. If ambulance is delayed, call Empress Supervisor at 888-965-5040

ED MANAGEMENT
1. Send STAT CBC, SMA-20, Troponin, Mg
2. Give nitroglycerine SL as needed for pain unless SBP < 100 or RV or inferior wall infarct suspected
3. Give aspirin 160 mg po TO CHEW (regardless of pre-ED dosing)
4. Give Plavix (clopidogrel) 600 mg po x 1
5. Give heparin (bolus only): 60 Units /kg IV x 1 (use actual body weight; maximum 4000 Units)
6. Avoid infusion pumps if possible

TIME GOALS
1. ED Arrival-to-EKG < 5 - 10 minutes
2. ED Arrival to ED exit time < 30 minutes
STEMI Alert will be activated by the ED Unit Desk Clerk via overhead page as directed by the EM Attending upon identification of a STEMI patient.

- ED Clerk will announce “STEMI Alert Room #”
- Attending/Charge Nurse/RN/Unit Desk Clerk will respond to STEMI Alert

ED Unit Desk Clerk will:
1. Make sure team members have responded
2. Hand the STEMI package to the Attending
3. Document time MEHEART was called
4. Page Jacobi Cardiology fellow via operator (if requested by EM Attending)
   - & Ensures EM Attending connects with Jacobi Cardiology Fellow
5. Fax EKG to Cath Team at Weiler
   - M-F 7am-7pm: 718-904-2005; 7pm-7am: get fax # from Weiler Cardiology fellow at other times
6. Fax face sheet to Admitting 718-920-6049
7. Complete demographic information on inter-institutional transfer form
   - Clinical information to be completed by MD
8. Assemble chart for transfer including copies of entire paper chart all EKGs entire EMR chart (print out chart)

Emergency Medicine Attending will:
1. Call 888-MEHEART (888-634-3278) to initiate STEMI activation
2. Document time MEHEART called in EMR (use reassessment note)
3. Speak with MEHEART clinical team when they call back
4. Document initial EKG time & MEHEART initiated time on the Check List for Transfer Tracking form
5. Obtain consent for transfer from patient or family
6. Give chart to Clerical Associate
7. Order medications as needed

Emergency Medicine RN will
1. Ensure initial EKG and follow up EKGs are performed in a timely fashion
   - Ensure EKGs are properly labeled with name and MR number
2. Assess the patient
3. Ensure IV Access & Administer medications
4. Prepare patient for transfer: Gather belongings, consent for transfer, paperwork package (from Clerical)
5. Review/complete transfer checklist for required elements
6. Give report to receiving RN 718-904-3295 (This should not delay transfer if RN unavailable)
7. Document care provided and name of person SBAR was given
8. Complete the last set of vital signs within 15 minutes of transport arrival and document on Transfer form
9. Provide EMS with handoff report