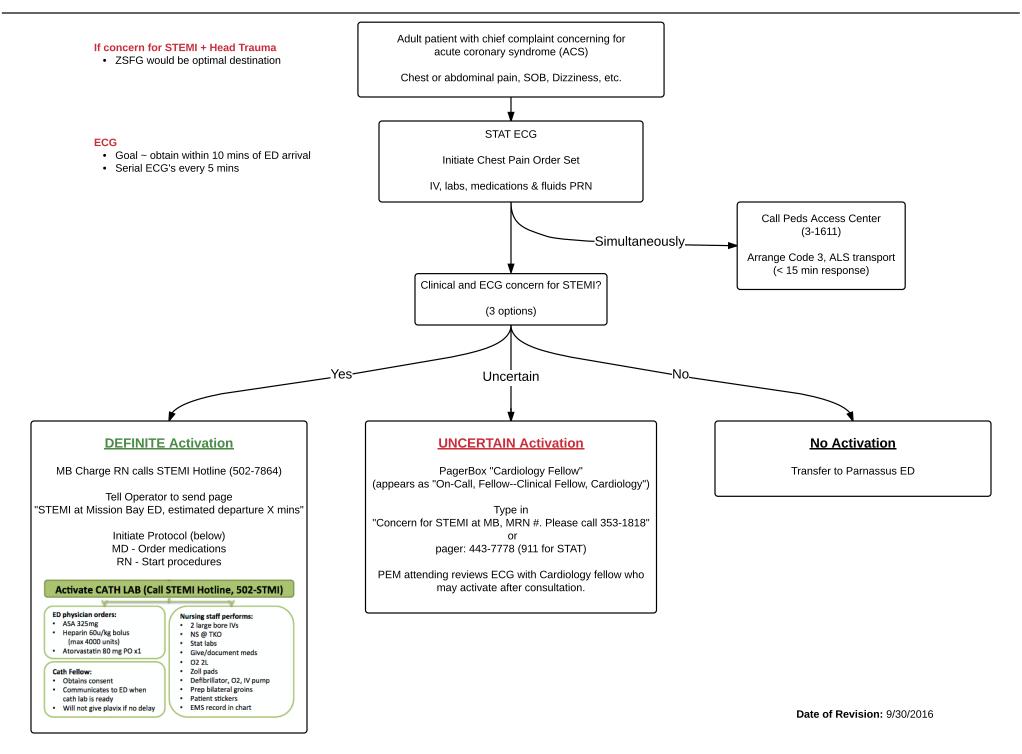
STEMI WORKFLOW MISSION BAY CHILDREN'S EMERGENCY DEPARTMENT



UCSF Medical Center

Heart & Vascular Center

Criteria for STEMI Activation and Consultation

Uncertain



Clinical and ECG concern for STEMI?

Definite

BOX 1: Immediate STEMI Activation

Chest pain or symptoms of ACS <u>AND</u> ECG with one of the following:

- (1) NEW ST elevation at the J point in at least 2 contiguous leads:
 - ≥2 mm in men or ≥1.5 mm in women in leads V₂-V₃
 - ≥1 mm in other contiguous chest leads or the limb leads
 - · In the absence of left ventricular hypertrophy or LBBB

(2) NEW posterior MI

- ST depression +/- tall R waves in ≥2 precordial leads (V₁-V₄) AND
- Posterior ECG shows ST elevation ≥0.5 mm in leads V7 or V8

(3) LBBB with NEW and concerning ST changes from prior ECG within 5 yrs:

- ST depression ≥ 1 mm in at least 2 contiguous anterior leads (V₁-V₃)
- ST elevation ≥ 1 mm in 2 leads in same direction (concordant) as QRS
- ST changes must be new since prior ECG with LBBB
- (4) VF/VT Arrest with ST elevation on post arrest ECG and return of pulse

Activate CATH LAB (Call STEMI Hotline, 502-STMI)

ED physician orders:

- ASA 325mg
- Heparin 60u/kg bolus (max 4000 units)
- · Atorvastatin 80 mg PO x1

Cath Fellow:

- Obtains consent
- Communicates to ED when cath lab is ready
- Will not give plavix if no delay

Nursing staff performs:

- 2 large bore IVs
- NS @ TKO
- Stat labs
- Give/document meds
- O2 2L
- Zoll pads
- Defibrillator, O2, IV pump
- Prep bilateral groins
- · Patient stickers
- EMS record in chart

BOX 2: Call Fellow Urgently May Activate Cath lab After Consultation

Chest pain or symptoms of ACS with concerning but non-diagnostic ECG findings:

- (1) LBBB with no recent ECG available or with concerning but non-diagnostic changes including ST elevation in anterior leads (V_1-V_3)
- (2) LVH with <u>new ST changes</u> compared to prior ECG Concerning findings include:
 - Inferior (II, III, aVF) or lateral (I, aVL, V₅-V₆) ST elevations
 - ST elevations in V₁-V₃ greater than 25% height of QRS complex
- (3) ECG findings with lower sensitivity/specificity due to: Paced Rhythm, J-Point Elevation, Brugada
- (4) ST Elevation in AVR or V1 only (may indicate left main disease)
- (5) Concerning **T wave changes** (i.e. Wellen's and hyperacute T waves). ECGs should be repeated q5-10 minutes

Patients with <u>STEMI</u> and <u>ANY</u> of the following clinical situations:

Unclear Code Status (patient is DNR/DNI or has limited care wishes)

Out of Hospital Arrest with prolonged resuscitation time (>10 min)

s/p PEA or asystolic arrest with possible underlying ACS

Concern for head trauma, intracranial process, or active bleeding

Fax ECG to on call Cardiology Fellow 1(855)289-7477 Page Cardiology Fellow 443-7778 (QRST) (911 for stat)

Have clinical history/relevant info ready for discussion