




TO: ALS Providers
Training Programs
Base and Receiving Hospitals
Other Interested Providers

FROM: Bruce Barton, Director 

RE: Implementation of Revised Policy #7210, STEMI Assessment

DATE: 6 February 2008

Attached is the revised and renamed policy #7210, STEMI Assessment (formerly Chest Pain Assessment). This policy was reviewed and approved in Fall 2007, and goes (went) into effect immediately upon the designation of our first STEMI Receiving Center.

The checklist should be completed on every chest pain patient who the paramedic believes would benefit from the services of a STEMI Receiving Center, and contains information which must be relayed to the STEMI Center prior to designation as the receiving hospital.

Any concerns regarding this policy should be directed to Karen Petrilla, EMS Specialist, at (951) 358 – 5029.

attachment

OPERATIONS: Adult Treatment Protocols (ALS)

Policy: 7210

Date: 2/1/08

STEMI ASSESSMENT

1. The purpose of this policy is to obtain a rapid fibrinolytic assessment for patients presenting with chest pain.
2. This assessment shall be done after treatment is initiated and prior to contacting the base hospital for destination determination
3. Chest pain checklist for STEMI fibrinolytic therapy:
 - 3.1 Are there contraindications to fibrinolysis? If ANY of the following are checked YES, fibrinolysis **MAY** be contraindicated:

	Yes	No
3.1.1 Chest pain lasting greater than 12 hours	()	()
3.1.2 Systolic BP greater than 180 mmHg	()	()
3.1.3 Diastolic BP greater than 110 mmHg	()	()
3.1.4 Right vs. left arm systolic BP difference greater than 15 mmHg	()	()
3.1.5 History of brain tumor or Arterio-venous (A-V) Malformations	()	()
3.1.6 Significant closed head/facial trauma within the previous 3 months	()	()
3.1.7 Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), Gastrointestinal/Genito-Urinary bleed	()	()
3.1.8 Bleeding or clotting problems or on blood thinners	()	()
3.1.9 Pregnant female	()	()
3.1.10 Serious systemic disease (e.g., advanced or terminal cancer, severe liver or kidney disease)	()	()
 - 3.2 Is patient at high risk?
 - 3.2.1 If ANY of the following are checked YES, **consider** transport/transfer to Percutaneous Coronary Intervention (PCI) facility:
 - 3.2.1.1 Heart rate greater than or equal to 100 bpm AND systolic BP less than 100 mmHg () ()
 - 3.2.1.2 Pulmonary edema (rales) () ()
 - 3.2.1.3 Signs of shock (cool, clammy) () ()
 - 3.2.1.4 Contraindications to fibrinolytic therapy () ()