

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel Malloy
Governor

Date: January 23, 2012

To: EMS Chiefs of Service
EMS Medical Directors
EMS Pre-hospital Care Coordinators
CMED/Regional Communication Centers

From: Jewel Mullen, MD, MPH, MPA, and Commissioner

A handwritten signature in black ink, appearing to be "JM", written over the word "Commissioner" in the "From:" line.

Re: DPH Policy Guidance for STEMI patients

The Department of Public Health approved the attached ST Elevation Myocardial Infarction (STEMI) guidelines to close gaps that may delay appropriate treatment for STEMI patients. Connecticut's Emergency Medical Services (EMS) Advisory Board and Medical Advisory Committee collaborated to develop this guidance.

The goals of the guidance are to ensure that authorized EMS personnel obtain a 12-lead electrocardiogram in the field on all patients with suspected MI, thereby increasing the likelihood they will be transported for treatment with percutaneous coronary intervention within 90 minutes of first medical contact.



Connecticut EMS STEMI Guideline

CEMSMAC 2011

Goals:

Authorized transporting EMS personnel obtain a 12-lead ECG in the field on all patients with suspected Acute Coronary Syndrome.

ECG findings are obtained by properly trained, equipped and authorized EMS personnel and communicated to direct medical oversight via paramedic interpretation, automated computer algorithm interpretation, wireless transmission with subsequent physician interpretation or any combination of these three strategies to the receiving hospital.

Goal – to receive primary PCI within 90 minutes from first medical contact.

Definitions: patient with STEMI

1. Active chest pain or equivalent symptoms (nausea, SOB)
2. 12-lead ECG of good quality showing STEMI:
 - a. ST-elevation
 - i. ≥ 2 mm in 2 contiguous leads (V1-V4) and/or
 - ii. ≥ 1 mm in 2 contiguous leads (limb, lateral)
 - b. QRS duration ≤ 0.12 seconds
 - c. ***Acute MI*** or equivalent prints on 12-lead ECG; paramedic agrees
3. No major bleeding (e.g., vomiting frank blood)
4. No significant trauma

Guidelines:

1. Transport patients with prehospital-diagnosed STEMI (as defined above) according to the following protocol:
 - a. <30 min transport time interval
 - i. Directly to a primary PCI hospital under direct or indirect medical oversight
 - b. ≥ 30 min transport time
 - ii. Decision regarding appropriate destination hospital should be made in conjunction with indirect and/or direct medical oversight

2. Interfacility transfer
 - a. Non-PCI hospitals should have an established process developed to ensure timely transfer of STEMI patients to a PCI center. Interfacility transfer care should be in conjunction with direct and/or indirect medical oversight, consistent with local EMS policies and protocols.
3. If anticipated time to primary PCI > 90 minutes, administration of fibrinolytic therapy at a non-PCI capable hospital, for fibrinolytic-eligible patients

Approved by CEMSMAC 3/11

Approved by CT EMS Advisory Board and referred back to CEMSMAC for reconciliation. 5/11.

Board position accepted by CEMSMAC. 9/11