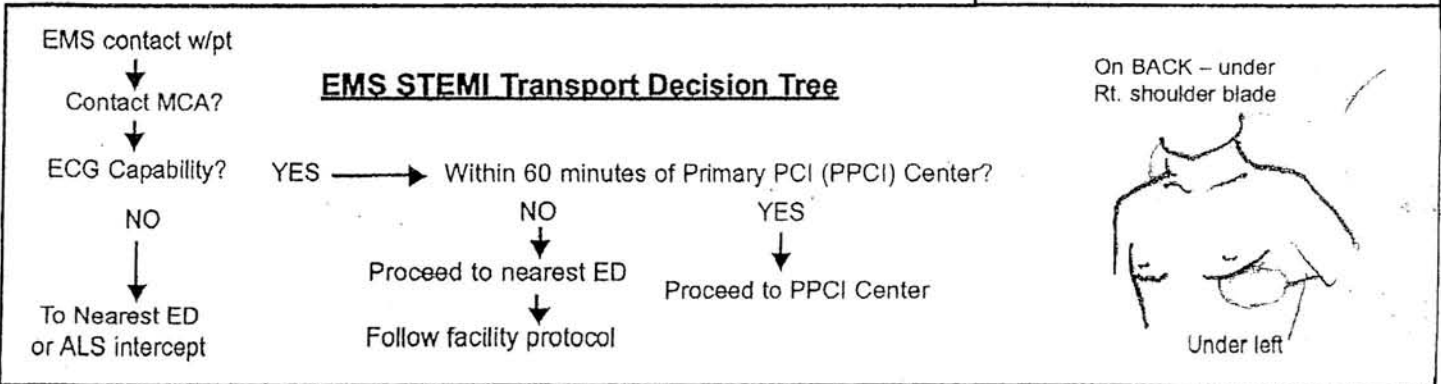


# MICHIGAN REGION-7 STEMI ALERT EMS Checklist

Patient Name _____
Date of Birth _____



Determine that STEMI is occurring as verified by ECG and presentation.

**Contact the appropriate ED & Transmit EKG**  
 “STEMI suspected; ST elevation in Leads: \_\_\_\_\_”  
 Include the following information in communication

**Hospital:**  
**MMC fax: (231) 935-7329**  
**NMRH fax: (231) 487-7723**

Obtain the following history from patient and/or family.	Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	History of
	Chest pain rate: _____	<input type="checkbox"/> MI
	Associated with: <input type="checkbox"/> n/v <input type="checkbox"/> diaphoresis <input type="checkbox"/> syncope <input type="checkbox"/> pallor	<input type="checkbox"/> Stent/Angioplasty (recent?)
	Time of symptom onset: _____	<input type="checkbox"/> CABG
	Primary Doctor: _____	<input type="checkbox"/> Heart Failure
	Cardiologist: _____	<input type="checkbox"/> Renal Failure
	Cardiac rhythm: _____ HR: _____ BP: _____ / _____	<input type="checkbox"/> GI Bleed
	Coumadin use: <input type="checkbox"/> yes <input type="checkbox"/> no Recent INR: _____	<input type="checkbox"/> HTN
	History of dye/contrast allergy? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> CVA
Height: _____ Weight: _____	<input type="checkbox"/> DNR <input type="checkbox"/> Full Code	

<b>Note time given at right</b>	<p><b>Recommended Pharmacological Management</b></p> <p>_____ <b>Oxygen</b> - per protocol</p> <p>_____ <b>ASA</b> - 324 mg PO <b>chewed</b> or rectal <b>**only contraindication is true aspirin allergy</b></p> <p>_____ <b>NTG 0.4 mg SL q 5 min (BLS)</b></p> <p>_____ Nitroglycerine paste 1 inch to chest wall (if transport time &gt; 15 minutes)</p> <p>*****No nitrates in patient who have taken Viagra, Cialis, or Levitra within 48 hrs</p> <p>_____ <b>Morphine</b> per protocol</p> <p>_____ <b>Plavix</b> - 300 mg po if age less than 75; or 75 mg po if age greater than 75</p> <p>_____ <b>Heparin Bolus</b> - 5,000 units IV</p> <p style="text-align: center;"><b>AVOID DRIPS - THEY WASTE TIME!</b></p>
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Upon arrival to ED, determine if patient will be transferred to a PCI facility. If able, remain on site to transfer pt.

**Contact receiving ED when leaving first ER AND when ETA is 45 minutes**

**Contact ED via HERN at 10 min ETA**

**FAX Run Sheet/ECG to 231-935-6629**

Dispatch Time: _____	EKG Results Communicated to ED (time): _____
Arrival on Scene Time: _____	Time of Departure from Scene: _____
EKG Completed <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____	Was Facility Bypassed? <input type="checkbox"/> Yes <input type="checkbox"/> No
EKG Transmitted <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____	ED Arrival Time: _____

**Pre-hospital STEMI Activation should occur:**

**IF**

ECG shows definite evidence of STEMI with 1 or more MM of ST elevation in 2 contiguous leads (or a new LBBB) and a story consistent w/ acute MI

**AND**

Patient does not have any of the following conditions:

- Diagnosis of STEMI uncertain (? pericarditis, dissecting aortic aneurysm, etc.)
- Age greater than 86
- Onset of pain greater than 12 hours prior
- CPR in progress
- Currently intubated or in severe clinical shock
- Known to be DNR status
- Known dye or contrast allergy
- Severe Comorbidities (including the following)
  - renal failure
  - severe COPD
  - dementia, inability to cooperate/provide consent
  - severe bleeding disorder (including patients on Coumadin)

**Communicate any of the above to the ED**