



<h1>NYC REMAC</h1>		
Advisory No.	2013-07	
Title:	<b>General Operating Procedures: STEMI DIRECT REFERRAL</b>	
Issue Date:	April 25, 2013	
Effective Date:	Immediate	
Supersedes:		Page: 1 of 2

The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

The following changes have been made to the Transportation Procedures and Decisions section of the NYC REMAC Prehospital Treatment Protocols General Operating procedures.

**STEMI (ST Elevation) / Myocardial Infarction** (Page: A. 7)

**CHANGE: LANGUAGE THAT IS RED AND STRUCK-OUT HAS BEEN DELETED**

For all adults, if the historical / physical findings indicate an acute myocardial infarction, and the 12 lead EKG reveals 1 mm ST elevation in 2 or more contiguous leads, ~~or new left bundle branch block;~~ transport the patient to the closest 24 hour NYS certified interventional cardiac catheterization facility, as per medical control, unless one of the following conditions is met:

- The patient has other medical conditions (Trauma, Burn, CVA) that warrant transport to the closest appropriate hospital emergency department as per protocol.

**EMS Notification to a STEMI Center: Those patients with ST elevation  $\geq 2\text{mm}$  should be noted as DIRECT REFERRAL.**

The rationale for this change is as follows:

- While Left Bundle Branch Block (LBBB) patients represent a significant portion of the “STEMI” patients transported to PCI-capable facilities – thereby bypassing closer Emergency Departments – these patients are not undergoing emergent cardiac catheterization even when the LBBB is not proven to be pre-existing.
- REMAC therefore has no reason to prolong scene time for On Line Medical Control contact and/or to bypass closer Emergency Departments (or the patient’s choice of hospital) for the purpose of allowing for PCI.
- While LBBB remains in the American Heart Association (AHA) Guidelines, it is a recommendation only and not supported by the current literature.

**If your agency has, or anticipates a medication shortage, advise the NYC REMAC as soon as possible, by emailing [mdiglio@nycremsco.org](mailto:mdiglio@nycremsco.org). The REMAC will continue to investigate alternate medications that may be utilized.**

Current and Updated Protocols can be accessed at the Regional EMS Council website: [www.nycremsco.org](http://www.nycremsco.org).

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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*STEMI (ST Elevation) DIRECT REFERRAL TO CATH LAB*

## **DIRECT REFERRAL TO THE CATH LAB**

### Inclusion Criteria (Indications)

- Ongoing chest discomfort or upper body discomfort felt to be ischemic in origin
- Symptom duration of less than 12 hours
- ST elevation of at least 2 mm in two or more contiguous leads
- Absence of other issues believed to require further evaluation and treatment (see exclusions)

### Exclusions (Contra-indications)

- LBBB
- Intubated
- Respiratory failure or CHF requiring intubation
- Cardiac arrest
- DNR/DNI
- On-going Hospice care
- Obvious active severe bleeding
- Head or other serious trauma (meets trauma center criteria)

### Protocol

1. EMS transmits ECG to On-Line Medical Control (OLMC) MD for evaluation
2. OLMC confirms there is ST elevation on ECG and verifies with paramedics that the patient meets the criteria for Direct Referral to the catheterization laboratory (Cath Lab)
3. Notification made by OLMC to ED, including provision of demographic information necessary for pre-registration and ECG transmitted from OLMC to ED (and secondary transmission points as identified by the PCI facility)

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4. ED activates the STEMI pager and includes information that the patient qualifies as a “Direct Referral to the Cath Lab”, and provides the estimated time of arrival (ETA)
5. Cath Lab calls ED to confirm availability to proceed with “Direct Referral to the Cath Lab”
6. Fellow, resident or member of the Cath Lab team greets the patient/EMS at the hospital's ED entrance and escorts them to Cath Lab.

### Notes:

- OLMC will direct EMS to take eligible direct Cath Lab patients to the PCI Center's ED. The hospital then needs to escort EMS with a medically appropriate hospital team/person to the hospital's Cath Lab on the EMS stretcher.

*EMS will not take any patient directly from the field to a PCI Center's Cath Lab. All patients will be brought to the ED and then have to be escorted to the Cath Lab.*

***The accompanying hospital staff member must be available within five minutes of initial arrival and the total time spent waiting for an escort is not to exceed ten minutes. At no time is a crew to be “extended” due to the unavailability of hospital staff to accompany the patient, or proceed to the Cath Lab without an appropriate escort. If no staff is available within 10 minutes, the patient shall be delivered to ED staff.***

- With the availability of the transmitted field ECG or with the hard copy itself (in the event of an unsuccessful transmission), time should not be wasted to obtain an ECG at the time of arrival.
- If the Cath Lab is closed, the patient will then reside in the ED with ED staff until the Cath Lab can be opened.
- Hospital “arrival time” should be recorded as the time the patient is brought to the ED by EMS.