



<h1>NYC REMAC</h1>			
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Title:	STEMI Interfacility Transport Protocol/Policy		
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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.

STEMI INTERFACILITY TRANSPORT

ST-Elevation Myocardial Infarction (STEMI) patients have a life-threatening condition. The attached Protocol/Policy STEMI Interfacility Transport identifies appropriate actions to take in the event that a STEMI patient is initially brought to a non-PCI center.

Current and Updated Protocols can be accessed at the Regional EMS Council website:

www.nycremsco.org.

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THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

STEMI Interfacility Transport Protocol/Policy

STEMI INTERFACILITY TRANSPORT

STEMI patients are patients with a life-threatening condition requiring onward transport from a 911 receiving hospital emergency department to a 911 receiving hospital PCI center.

STEMI transports shall be classified as Critical Transports (Segment 1 or Segment 2) when accompanied by a physician and/or nurse, or Acute Transports (Segment 3 or Segment 4) when not accompanied by a physician or nurse. By definition, STEMI transports are onward transports, therefore cannot be classified as routine transports (Segment 5 or Segment 6) requiring only basic life support care. STEMI transports shall be conducted in accordance with all applicable policies and procedures of the REMAC.

Transporting paramedics may, if properly trained and credentialed to do so, operate under all applicable prehospital and interfacility protocols, or upon request of the designated direct medical control physician, may assist physician and nurse members of a high-risk transport team with the following tasks:

NOTE: THOSE ITEMS MARKED WITH AN ASTERISK (*) REQUIRE SPECIAL TRAINING.

1. Airway maintenance/suctioning
2. Oxygen administration
3. Airway/breathing adjuncts (OPA/NPA)
4. Assisted ventilation (BVM)
5. Endotracheal intubation (OT/NT)
6. Gastric intubation (NG/OG)
7. Vascular access (IV/IO)
8. Fluid medication/administration (IV/IO/ET/infusion device*)
9. Ventilator management*
10. Vital monitoring (EKG, SaO₂,* ETCO₂*)
11. Needle decompression of tension pneumothorax

NOTE: PARAMEDICS MAY PROVIDE, OR ASSIST IN PROVIDING CARE DURING INTERFACILITY TRANSPORT ONLY IF THEY HAVE COMPLETED SPECIAL ADDITIONAL TRAINING

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Hospital Recommendations:

The following are recommendations for the SENDING hospital when transferring a STEMI patient to a PCI center for definitive treatment.

BEFORE TRANSPORT:

As soon as the patient is identified as a STEMI patient, notify the transporting ambulance service and provide the required information about the transfer.

Prepare all required paperwork for transfer, including but not limited to: medical provider documentation, transfer forms, and identification of critical issues for the transporting EMS providers.

Secure all intravenous lines

EMS Recommendations:

When notified of a STEMI patient requiring transfer to a PCI center, immediately dispatch an ALS level ambulance to the sending facility. Arrival time for ambulance at the sending facility should not be delayed.

Assessment for IFT & IFT Ambulance Turnaround Time

- NYC STEMI Transfer Form (attached)
- Intended to encourage the process to be a “grab and go”
- Information collected by medic for IFT will include: critical issues (i.e. hemodynamically unstable, etc.), drips, medicines, vital signs, STEMI location, arrhythmias.

DURING TRANSPORT:

Provide notification to the receiving facility of expected time of arrival with the STEMI patient. Provide appropriate care as directed or indicated.

AFTER TRANSPORT:

Provide all information for the QA process.

Patient's Name: _____

DOB (MM/DD/YY): _____

STEMI Transfer Form

From: _____ **To:** _____
(Non-PCI Hospital) (PCI Hospital)

This document provides a framework for care and triage of patients from non-PCI hospitals to PCI hospitals. It represents recommendations and each facility may individualize to optimize patient care.

Patient Information and Times

Door-In-Door-Out Goal is less than 30 minutes. Do not sacrifice DIDO for paperwork!

Symptom Onset Date (MM/DD/YY): _____ Symptom Onset Time (HH:MM): _____

ED Arrival Date & Time: _____ Mode of Arrival to ED*: _____

FMC Date & Time*: _____ *If Mode of Arrival = EMS ECG Date & Time: _____

STEMI Activation Date & Time: _____ Call for Transport Date & Time: _____

Transport Arrival Date & Time: _____ Departure Date & Time: _____

Pertinent Medical History: Previous Stent CABG Other: _____ Allergies: _____

Vital Signs (at FMC): BP _____ HR _____ RR _____ SaO2 _____ Patient Weight (kg): _____

Did patient suffer any of the following on FMC? Heart Failure? Yes No If yes, Date & Time: _____
Cardiogenic Shock? Yes No If yes, Date & Time: _____
Cocaine Use? Yes No If yes, Date & Time: _____
Cardiac arrest Yes No If yes, Date & Time: _____
req. Defibrillation?

Is the patient taking/receiving any of the following: Apixaban (Eliquis) Dabigatran (Pradaxa) Rivaroxaban (Xarelto)
 Warfarin (Coumadin) Prasugrel (Effient) Clopidogrel (Plavix) Ticagrelor (Brilinta)

Medication and Times Administered

ASA 325mg PO (_____ mg, if different) Date/Time : _____

Heparin IV Bolus 4000 IU max (OR _____ U/kg, if different) Date/Time: _____

Clopidogrel 600mg PO (_____ mg, if different) Date/Time: _____

Ticagrelor (Brilinta) 180mg PO (_____ mg, if different) Date/Time: _____

Prasugrel (Effient) 60mg PO (_____ mg, if different) Date/Time: _____

Additional Meds: _____

Lytics (TNK, Dose, Date/Time): _____

Prepare patient for rapid transfer:

- Avoid or minimize any continuous IV infusions
- Remove clothing, place patient in gown
- Prep patient and family for rapid handoff to transfer staff
- Have paperwork ready for transfer:
 - Copy of diagnostic EKG
 - EMTALA or Other Transportation Forms
 - This STEMI Transfer Sheet

To be completed by Interfacility Transfer Agency

Transfer Agency: _____

Additional Medications Administered: _____

Major Change in Hemodynamic Status or Arrhythmia: _____