

# West Michigan Regional MCC

## System Protocol Stroke and STEMI Alert Policy (Optional)

Date: April 9, 2018

Page 1 of 2

### ***STEMI and STROKE ALERT POLICY***

The purpose of this policy is to provide a clear and succinct verbal cue during EMS to hospital communications of patient conditions which will require the activation of specialized resources within the hospital. This policy is limited to the conditions listed and must be used in coordination with the radio communications procedure for the format of reports. Direct (not relayed) and early contact with on-line Medical Control is required for these Alerts.

**Adopting MCAs will have an "X" under their MCA name. If no "X" is present, the MCA has not approved or adopted the protocol.**

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
x			x		x	x
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	
x	x	x	x	x	x	

#### **I. STEMI ALERT:**

- A. The declaration of a STEMI Alert is to be based on the following criteria:
  1. Patient has signs and symptoms of an Acute Coronary Syndrome (ACS)
  2. Evidence of STEMI based on 12 Lead EKG
    - a. One or more of the following are present
      - 1) ECG shows 1 mm or more of ST elevation in 2 or more contiguous limb leads or 2 mm or more of ST elevation in precordial leads, in the absence of Bundle Branch Block.
      - 2) P-waves precede QRS complexes and QRS is wider than 120ms (0.12 seconds) – report must include both the STEMI alert and the presence of BBB
      - 3) ST depression, indicative of reciprocal change, is present in at least two contiguous leads
      - 4) ECG machine reads **\*\*\*ACUTE MI SUSPECTED\*\*\*** or equivalent  
Paramedic does not dispute machine interpretation
        - i. Misinterpretation due to artifact or irregularity
        - ii. Improper lead placement
    - b. Evaluate for conditions which may mimic STEMI, if unable to determine if these conditions are present, default to the STEMI alert. If a mimic is found, direct contact with on-line medical control is required as it is for the STEMI patient.
      - 1) Paced Rhythms
      - 2) Idioventricular rhythms
      - 3) Ventricular Tachycardias
      - 4) Frequent PVC's
      - 5) Left Ventricular Hypertrophy
      - 6) Ventricular Aneurism
      - 7) Benign Early Repolarization
      - 8) Pericarditis
      - 9) Hyperkalemia
- B. Per the local MCA Radio Communication plan, notify the destination hospital at the start of the report of the STEMI Alert

MCA: **West Michigan Regional Medical Control Consortium**

**Section 8.41**

MCA Approval Date: **April 9, 2018**

MDCH Approval Date:

MCA Implementation Date:

# West Michigan Regional MCC

## System Protocol

### Stroke and STEMI Alert Policy (Optional)

Date: **April 9, 2018**

Page 2 of 2

- 
- C. Counties with ECG transmission capability- All 12 Lead EKGs with evidence or suspicion of STEMI/ACS must be transmitted, regardless of destination.
  - D. State the evidence for the STEMI Alert
    - 1. Signs and symptoms suggestive of STEMI
    - 2. ECG findings: STEMI Location
    - 3. Time of onset of ACS symptoms
    - 4. Current Pain level
    - 5. Machine interpretation findings
    - 6. Cardiologist name or group (Important in some MCA's for alerting the proper cardiology group)
    - 7. Other standard report components, including estimated time of arrival
  - E. In documentation of the case on the PCR, include all that apply in specific data fields (if provided) or in the narrative: Paramedic Interpretation of STEMI; Paramedic Agreement with Machine Interpretation of STEMI; Paramedic Disagreement with Machine Interpretation of STEMI

## II. STROKE ALERT:

- A. For cases where a patient presents with signs and symptoms indicative of stroke, CVA or TIA, the report must be initiated with the phrase "**Stroke Alert**".
  - 1. Patient has signs and symptoms consistent with stroke
  - 2. Even if symptoms appear to be resolving, the "stroke alert" terminology is to be used.
- B. Per the local MCA Radio Communication plan, notify the destination hospital at the start of the report of the STROKE Alert
- C. State the evidence for the STROKE and pertinent information
  - 1. Facial Droop
  - 2. Arm Drift
  - 3. Speech slur
  - 4. Onset time of symptoms with duration (last known well)
  - 5. Other standard report components, including estimated time of arrival