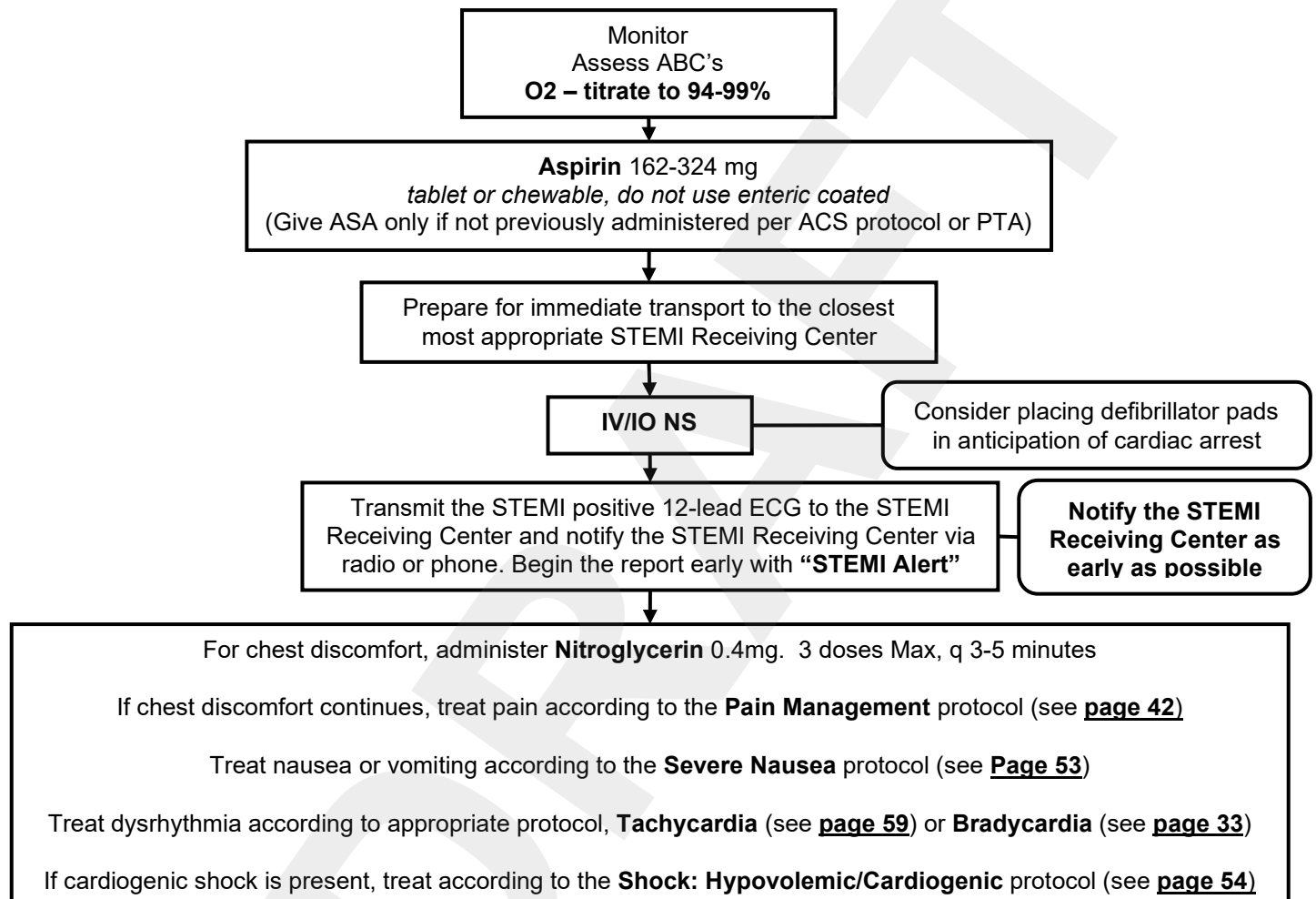


## ACUTE CORONARY SYNDROME - STEMI

- **Routine Medical Care**
- **Indications:** A 12-lead ECG reflecting ST segment elevation in two or more contiguous leads indicates an ST elevation myocardial infarction (STEMI). This may be identified by the paramedic or the ECG monitor. When the monitor detects an acute STEMI, the 12-lead ECG interpretation language will be displayed as follows:
  - Stryker/Lifepak: **\*\*\* MEETS ST ELEVATION MI CRITERIA \*\*\***
  - Zoll: **\*\*\* STEMI \*\*\***
- **Do not delay transport** to obtain additional 12-lead ECGs after the initial STEMI-positive interpretation. Regardless of which ECG monitor first identified the STEMI, prepare the patient for immediate transport.
- **Do not delay transport** to obtain a right-sided 12-lead ECG after a STEMI has been identified.
- **Do not delay transport** to obtain the initial or second IV on scene. Establish all IVs en route.
- If the monitor interpretation identifies STEMI as outlined above, do not override the monitor's interpretation.
- **Limit on scene time to <15 minutes and initiate rapid transport for 'STEMI Alerts' to a designated STEMI Center**

**Aspirin Considerations:**

- **Contraindications:**
  - Allergy to Aspirin
- **Notes:** Ensure the patient is alert enough to chew the tablets safely. If the patient took Aspirin immediately prior to EMS arrival, verify the patient took between 162-324mg; if not, administer additional aspirin. It is ok to administer aspirin to patients who take blood thinners or anticoagulants regularly.

**Nitroglycerin Considerations:**

- **Contraindications:**
  - Allergy to Nitroglycerin
  - Systolic Blood Pressure (SBP) <90mmHg
  - >30mmHg drop in SBP after one dose
  - Erectile dysfunction (ED) medication within the last 24 hours (Viagra/Levitra) or 36 hours (Cialis)