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2018 (Change 1) Regional Patient Care Protocols, Policies and Procedures Change Procedure

Step	Title	Remove	Add	Location	2 nd Party Verification
1	2018 Protocol Revisions (0318)	X		Page 3	
	2018 Protocol Revisions (0418)		X		
2	Admin TOC (0318)	X		Page 13	
	Admin TOC (0418)		X		
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	STEMI Field Triage (2012v0418)		X		
4	Adult TOC (0318)	X		Page 53	
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2018 Protocol Revisions

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Administrative Policies Table of Contents

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Helicopter EMS (HEMS)	12/2012
Hospital Diversion Policy.....	12/2017
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Patient Restraint	12/2012
Safe Transport of Pediatric Patients	12/2012
STEMI Field Triage	04/2018
Stroke Field Triage.....	03/2017
Transportation & Destination Determination	12/2012
Trauma Field Triage.....	12/2012



STEMI Field Triage

PURPOSE

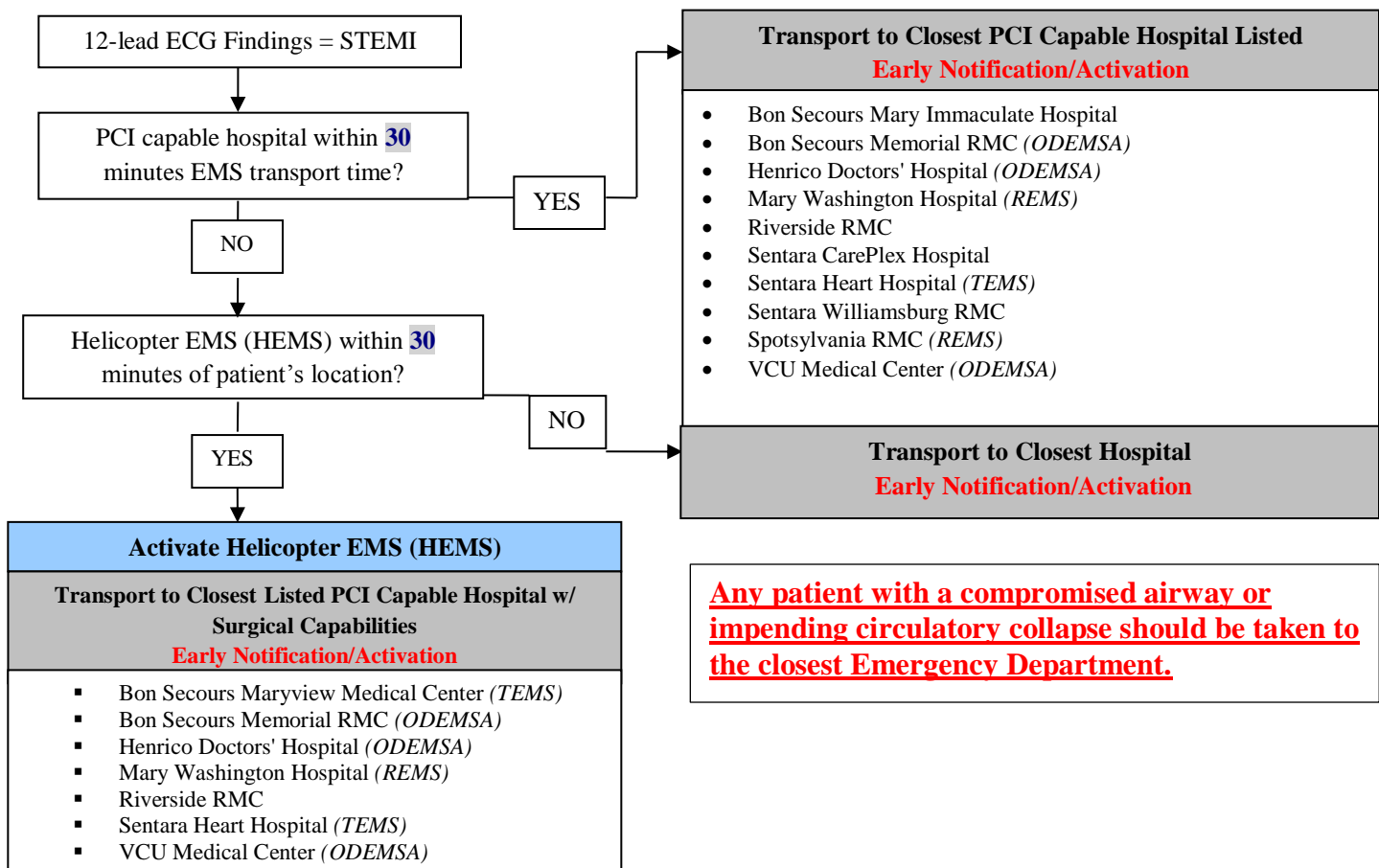
To rapidly get those patients undergoing a STEMI event to definitive care.

PROCEDURE

When executing the Chest Pain-Cardiac Suspected Protocol, acquire a 12-lead ECG within 5 minutes of arrival at Patient. If interpretation by a qualified provider or machine is that of STEMI or a left bundle branch block which is not known to be in the patient's history, activate the STEMI system by notifying the closest PCI center within five minutes. Use the STEMI Triage Decision Scheme to decide method of transport and appropriate facility. When in doubt, contact local medical control.

Field STEMI Triage Decision Scheme

1. Cardiac symptoms **AND**
 - 12-lead ECG criteria of 1 mm (or more) ST elevation in 2 (or more) contiguous leads **OR**
 - 12-lead ECG interpretation with an "ACUTE MI" statement **OR**
 - New or presumably new LBBB (Left Bundle Branch Block)





Adult Table of Contents

Title.....	Effective Date
Universal Protocol (General).....	12/2012
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Asystole.....	03/2017
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Bites & Envenomation - Marine.....	09/2015
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Electrical Injuries	09/2015

Medical

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Nausea/Vomiting.....	09/2015
Overdose/Poisoning/Toxic Ingestion.....	09/2015
Respiratory Distress/Asthma/COPD/Reactive Airway	09/2015
Seizure.....	09/2015
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OB/GYN



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Childbirth/Labor/Delivery	03/2017
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Chest Pain – Cardiac Suspected

Medical

CRITERIA

- Description of symptoms sounds suspiciously cardiac
- Watch for atypical presentation of signs and symptoms in all patients and especially in women, diabetics, geriatrics, cocaine users
- Short ECG to Balloon time is a primary goal in treatment of chest pain

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol.</i>	EMR
EMR	Obtain patient history for: <ul style="list-style-type: none">• Active internal bleeding• Prolonged CPR• Recent surgery• Prior CVA• Severe hypertension• Pregnancy• Cocaine usage within 24 hours	EMR
EMT	Administer chewable Aspirin 324 mg PO 🔔 Give aspirin even if patient is on daily aspirin regimen	EMT
EMT	Obtain a 12-lead EKG within 5 minutes. Transmit and/or report findings to Medical Control immediately.	EMT
EMT	Consider oxygen administration if oxygen saturation <94%	EMT
EMT	If patient has their own prescribed nitroglycerin, assist the patient with one Nitroglycerin 0.4mg SL. OR Administer one Nitroglycerin 0.4mg SL from the PEMS Regional Drug Box. If BP is stable (greater than 100 mm/Hg) and no pain relief results, repeat NTG every 5 minutes up to a total of three doses.	EMT
I	Morphine Sulfate 2.5-5.0 mg IM or IV/IO titrated to pain relief over 1 minute; repeat 2 mg every 5 minutes; (maximum dose 10 mg) as long as patient systolic blood pressure is greater than 90 mm/Hg. OR Fentanyl (Sublimaze) 25mcg IN, IM, or IV/IO over 2 minutes as initial dose; may repeat 25 – 50 mcg every 5 minutes titrated to pain relief, up to maximum dose of 200 mcg as long as systolic blood pressure is greater than 90 mmHg and patient remains conscious.	I
MC	If the maximum dose has been reached and the pain persists, contact Medical Control. Medication administration must not delay patient transport.	MC



Chest Pain – Cardiac Suspected

Medical

PEARLS

- Monitor cardiac status. Record 12-Lead ECG prior to Nitroglycerin administration (BLS with OMD approval)
 - Limit IV attempts in anticipation of subsequent anticoagulation therapy
 - If 12-Lead ECG criteria of 1 mm ST elevation in 2 or more contiguous leads OR 12-Lead ECG interpretation with an “ACUTE MI” statement OR Left Bundle Branch Block NOT KNOWN to be present in the past, immediately transport (< 15 minute scene time) to PCI center. See Administrative Policies – STEMI Field Triage. Consider right-sided 12-Lead or 15-Lead ECG.
 - Do not administer Nitroglycerin (Nitrostat) if the patient has taken any Nitrate based, sexually enhancing, or pulmonary hypertension medication such as Sildenafil (Viagra), Sildenafil (Revatio), Vardenafil HCL (Levitra) or a similar drug within the last 24 hours, or Tadalafil (Cialis) within 48 hours.