	SOUTHEASTERN MASSACHUSETTS EMS COUNCIL, INC		
	P.O. Box 686 12 Wareham Street, C2 Middleboro, MA 02346		
	Phone: (508) 946-3960 Fax: (508) 946-3961 www.semaems.com		
	TITLE: STEMI POINT-OF-ENTRY	POLICY NUMBER	207C-1
		DATED:	09/16/09
	EFFECTIVE DATE:	02/01/10	
	REVIEW DATE:	11/19/2019	
SUPERSEDES: NONE			

I. Purpose:

To provide hospital destination guidance for Paramedic providers so patients showing signs and symptoms of a ST elevation Myocardial Infarction (STEMI) are transported to the most clinically appropriate facility for care.

II. Background and History

Under EMS System Regulations (105 CMR 170.355), EMS Services are required to “transport a patient to an appropriate health care facility” which is interpreted by OEMS as being the “closest, by driving time, hospital emergency department”, which in most cases, is the most appropriate destination, however there are times when this may not be the case. Historically groups of patients have been identified that have better outcomes when transported to facilities that are better equipped to handle their emergent condition, currently we have Point-of-Entry plans for Trauma and Stroke patients. Researches from existing Special Project Waivers within the Commonwealth (Boston, Cambridge, and Worcester) as well as research conducted in Canada, Wisconsin, and North Carolina have shown that patients having a STEMI have better outcomes when they have percutaneous coronary intervention (PCI) even when it takes slightly longer to get the patient to a facility that can perform the PCI. The Region recognizes that patients experiencing a STEMI should be transported to a facility that can perform PCI 24 hours a day 7 days a week.

III. Definitions:

Acute Coronary Syndrome (ACS) a spectrum of cardiac disease that includes unstable Angina, Non-Q wave MI, and Q Wave MI.

Appropriate Health Care Facility 105 CMR 170.020

Closest Hospital Emergency Department – this is the facility that can be reached in the shortest driving time from the location of the incident.

Medical Direction 105 CMR 170.020


On-line Medical Direction 105 CMR 130.1501

Patient 105 CMR 170.020

Percutaneous Coronary Intervention (PCI) a process using catheters to provide better blood flow through a blood vessel

Point-of-Entry Plan 105 CMR 170.020

Special Project Waiver a process identified by O.E.M.S. that allows a service or a group of services to request a waiver of any existing regulation

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IV. Policy/Procedure:

1. Patients that present with any following symptoms should be considered to be having Acute Coronary Syndrome unless you can otherwise rule ACS out:


- a) Chest pain (squeezing; dull pressure or discomfort)
- b) Pain radiating down the arms or jaw
- c) Sudden onset of sweating [in itself a significant finding]
- d) Difficulty breathing, anxiety or restlessness
- e) Impending feeling of doom
- f) Abnormal and/or irregular pulse rate
- g) Abnormal blood pressure
- h) Epigastric pain
- i) Nausea/vomiting, etc.

2. Appropriately evaluate the patient using O-P-Q-R-S-T and obtaining a history using S-A-M-P-L-E; treating identified life-threatening problems as needed.


- a) Carefully evaluate for
 - (1) Signs and Symptoms of Congestive Heart Failure
 - (2) Hypotension

3. For patients that are identified as having ACS, obtain and interpret a 12-Lead EKG as soon as possible.

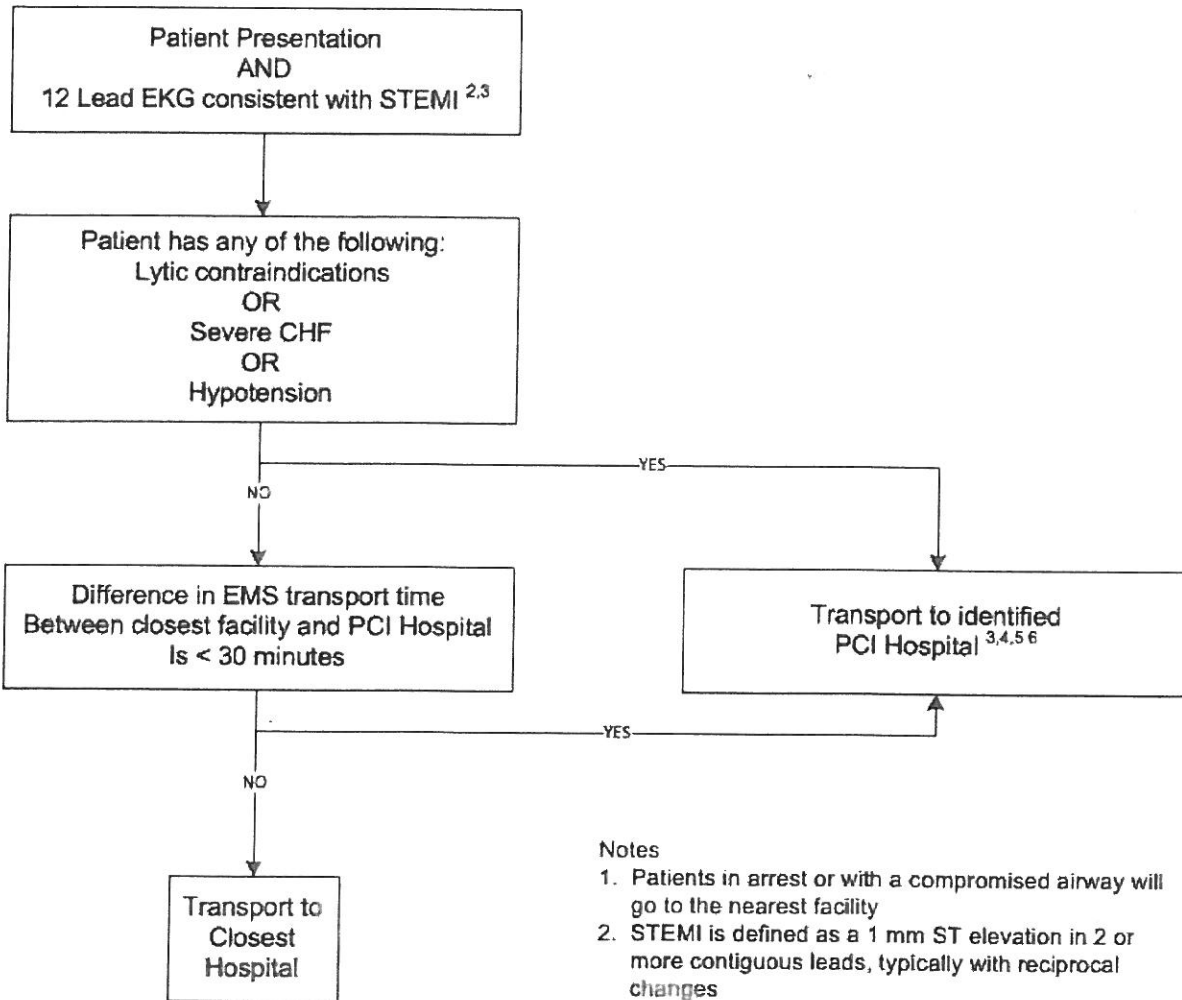
4. Complete a fibrinolytic checklist.

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5. Follow the Emergency Medical Services Pre-Hospital Treatment Protocols.
6. Evaluate/Estimate your distance to the closest PCI center that is able to perform 24 hour a day/7 day a week PCI
7. **Notify the PCI Center ASAP**, through C-MED – **NOTE** PCI centers are identified on the flowchart on Page 4 of this policy
8. If a patient has a STEMI and is being transported to a PCI center and goes into arrest ambulance should continue to the PCI center.

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**Southeastern Massachusetts EMS Council (Region V)
STEMI Point of Entry for ALS Transported Patients**



Notes

1. Patients in arrest or with a compromised airway will go to the nearest facility
2. STEMI is defined as a 1 mm ST elevation in 2 or more contiguous leads, typically with reciprocal changes
3. Ambiguous 12 Lead presentations will go to the nearest facility
4. Receiving PCI center must be notified
5. Consider patient preference/history and established relationships if multiple PCI centers are an option
6. Arrest patients who obtain ROSC and 12 lead shows STEMI go to a PCI center
7. If enroute to a PCI center with a STEMI and patient goes into cardiac arrest continue to PCI Center

PCI Centers in Region V

Beth Israel Deaconess – Plymouth
 Brockton Hospital
 Good Samaritan Medical Center
 Cape Cod Hospital
~~Norwood Hospital~~
 Charlton Memorial Hospital
 Miriam Hospital, Rhode Island
 Rhode Island Hospital
 South Shore Hospital
 St. Anne's Hospital