

# SCGH ED Code STEMI Protocol

Is it an acute STEMI?

Pain < 12/24

**ECG changes consistent with STEMI**

- ST elevation >1mm in 2 contiguous limb leads or
- ST elevation >2mm in 2 contiguous chest leads

Does it meet criteria to activate "CODE STEMI"?

**Inclusion criteria**

- Symptom onset < 12 hours
- <85 years
- Ongoing pain
- Mobile and independent

**Exclusion criteria - for discussion**

- >85 years
  - LBBB
  - Prior CABG
  - Significant comorbidities
  - Out of hospital cardiac arrest
  - Pulmonary oedema
  - Cardiogenic shock
  - Recent major surgery (<2/52)
  - Active bleeding
- ED consultant / night SR discuss with on-call General Cardiologist (not cardiology registrar)

Is primary intervention appropriate?

YES

NO

Activate "CODE STEMI" where appropriate

ED consultant / night SR  
**DIAL 55**  
State "CODE STEMI ED now"

Medical Management

Patient preparation in ED

- Aspirin 300mg
- Heparin 5000 IU IV
- Prepare for transfer

Is the patient stable?

YES

NO

Assess stability & Transfer to Cath Lab (CVIL)

**STABLE PATIENT**  
Suitable for rapid transfer

- Transfer with ED RN and ED Doctor
- Work hours 0730-1700, transfer without delay
- After hours, transfer 10 minutes after Code STEMI activation
- Record time of arrival on ECG
- **ED staff to stay with patient until appropriate CVIL team members arrive**

**\*\*UNSTABLE PATIENTS\*\***  
Not for rapid transfer

- Cardiogenic shock  
Pulmonary oedema  
Recurrent ventricular arrhythmia
- Call **Duty Anaes**  
**Ext 71242**
- R/V in ED by DA, cardiologist and ED
  - Optimise safe transfer
  - Remain in ED until CVIL team members arrive and call for patient
  - Transfer to CVIL with ED RN and Anaesthesia or ED consultant