



SCGH Code STEMI Protocol (ED & SJA)

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
- <80 years
- Ongoing Pain
- Mobile and Independent

Exclusion Criteria – For Discussion:

- >80 years
- Suspected or proven COVID-19 infection
- 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?

Activate "CODE STEMI" Where appropriate

YES

ED Consultant/Night SR
DIAL 55 STATE "CODE STEMI ED NOW"

NO

Medical Management

Patient Preparation in ED

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

Is the Patient Stable?

Assess stability & Transfer to Cath Lab (CVIL)

YES

STABLE PATIENT = Rapid Transfer to CVIL

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

NO

****UNSTABLE PATIENTS** = Not for Rapid Transfer to CVIL,** for e.g., Cardiogenic Shock, Pulmonary Oedema, Recurrent Ventricular Arrhythmia

- Call Duty Anaesthetist (DA) Ext 71242
- R/V in ED by DA, Cardiology Registrar and ED.
- Optimise safe transfer.
- Remain in ED until CVIL team members arrive and call for patient
- **Transfer to CVIL with ED RN, Cardiology registrar and DA or ED Consultant.**