



Sir Charles Gairdner Hospital

Department of Cardiovascular Medicine, Emergency Department and SJA

SCGH Code STEMI Protocol COVID-19

Is it an Acute STEMI?

Pain <12/24

ECG Changes consistent with STEMI:

- ST elevation >1mm in 2 contiguous limb leads (**not aVR**) 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"

All Code STEMI Patients to be treated as Orange

Medical Management

Patient Preparation in ED

- Aspirin 300mg
- Heparin 5000 IU IV

Is the Patient Stable?

YES

NO

Assess stability & Transfer to Cath Lab (CVIL)

STABLE PATIENT

- Place mask on patient
- **RAT in ED**
- **Activate "Orange" transfer process to CVIL ONCE CVIL staff in PPE with ED RN and ED Dr or Cardiology Registrar.**
- **Call CVIL Ext 73023 prior to transfer**
- Record time of arrival on ECG

****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.
- Place mask on patient
- **RAT in ED**
- **Remain in ED until CVIL team members arrive, dress in PPE and call for patient**
- **Activate "Orange" transfer process to CVIL with ED RN, Cardiology Registrar and DA or ED Consultant.**