1. PURPOSE

1.1 To set forth the policy and procedures for directing patients suspected of having a ST-segment Elevation Myocardial Infarction (STEMI) to therapeutic Percutaneous Coronary Intervention (PCI) Centers as directed by the FDNY On-Line Medical Control (OLMC) Physician.

2. SCOPE

2.1 This procedure applies to all members of the EMS Command and to Voluntary Hospital ambulance personnel who provide pre-hospital emergency medical care in the New York City 911 system.

3. DEFINITIONS

3.1 911 Ambulance Destination - A hospital emergency department that meets the New York City Regional 911 Emergency Department standards and has been accepted by FDNY as a facility to receive 911 patients.

3.2 PCI Center - A New York State (NYS) interventional cardiac catheterization facility that is participating in the New York City 911 system program to provide therapeutic Percutaneous Coronary Intervention (PCI) for coronary reperfusion.

4. POLICY

4.1 A patient suspected of suffering a myocardial infarction should be removed from an incident scene and shall be taken to the most appropriate 911 Ambulance Destination. Upon identification of a STEMI patient, OLMC shall be contacted for permission to transport directly to the closest PCI center. This shall be documented on the ePCR as a specialty referral transport.

4.1.1 A STEMI patient is defined as an adult with historical/physical findings indicating an acute myocardial infarction and either:

- ST segment elevation on a 12-Lead EKG in 2 contiguous leads (1 mm in the limb leads, 2 mm in the chest leads)

OR

- A new Left Bundle Branch Block (LBBB)
4.2 A suspected myocardial infarction patient with any of the following shall be transported to the appropriate 911 Ambulance Destination in accordance with Department policy and procedures.

- The patient is in extremis or has an unmanageable airway the patient shall be transported to the closest 911 Ambulance Destination
- The patient meets criteria for transport to a specialty referral center (trauma, burn, stroke) the patient shall be transported to the closest specialty referral center.

4.3 A STEMI patient may refuse transport to a PCI Center only after discussion with the OLMC Physician.

5. **PROCEDURE**

5.1 When presented with an adult patient with historical/physical findings indicating an acute myocardial infarction:

5.1.1 BLS providers shall provide patient care in accordance with the Emergency Medical Technician (EMT) Non-Traumatic Chest Pain protocol and immediately request ALS back-up. Members shall package and remove patient to the BLS ambulance as expeditiously as possible.

   A. Prior to transport, the BLS unit shall determine if an ALS unit is assigned.
      - If an ALS unit is assigned and the patient is hemodynamically stable, the BLS crew shall wait for the arrival of the ALS unit.
      - If the patient is not hemodynamically stable or an ALS unit is not assigned, the BLS unit shall transport the patient to the closest 911 ambulance destination.

5.1.2 ALS providers shall provide patient care in accordance with the Emergency Medical Technician (EMT) Non-Traumatic Chest Pain protocol and immediately acquire a 12-Lead EKG. After acquiring the 12-Lead EKG, paramedics shall begin patient care in accordance with the Advanced Emergency Medical Technician (Paramedic) Non-Traumatic Chest Pain protocol.

   A. If patient meets STEMI criteria, contact the FDNY OLMC facility to request direct transport to a PCI Center.
   B. If available, transmit a copy of the 12-lead EKG to the OLMC physician for review and determination.
   C. Transport the patient as directed by the OLMC physician.

5.1.3 Upon arrival at the PCI Center:

   A. Deliver the patient directly to the hospital Emergency Department (ED) receiving area.
B. Provide a patient presentation to the triage nurse or other hospital receiving agent and advise them that a notification and pre-registration from the FDNY On-Line Medical Control facility was made prior to your arrival for a STEMI patient.

C. Provide a copy of the 12-Lead EKG tracings to the treating physician.

D. Transfer the patient to the hospital stretcher and obtain a signature on the PCR from the hospital receiving agent.

E. Provide the hospital receiving agent accepting the patient with the Hospital Copy of the PCR and copies of the 12-Lead EKG tracings.

F. Contact OLMC after delivery of patient for follow-up.

5.2 OLMC Paramedics shall:

5.2.1 At the beginning of their tour, ensure that all PCI centers are able to accept patients and have not requested temporary suspension of service.

5.2.2 Document preliminary information of the suspected STEMI patient in the Computerized Telemetry System (CTS) program.

5.2.3 If available, obtain a copy of the on scene 12-lead EKG acquisition and provide to the OLMC Physician for review and determination.

5.2.4 Alert the OLMC Physician of any identified STEMI patient contacts for potential hospital bypass. Advise the OLMC Physician which is the closest accepting PCI center.

5.3 The OLMC Physician shall:

5.3.1 Review and discuss with the on-scene paramedic whether patient meets STEMI criteria. If the STEMI criteria is met, direct transport to the closest accepting PCI Center.

5.3.2 Obtain the name of the patient, social security number (if available), and date of birth for emergency pre-registration, if not already obtained by the OLMC Paramedic.

5.3.3 Contact the PCI Center emergency department and the cardiac catheterization unit to advise them of the incoming STEMI patient, any relevant information and provide registration information to expedite unit admission.

5.3.4 Remain available to discuss the case with the paramedic crew following the call, as necessary.

6. APPENDICES

6.1 Appendix A – Cardiac Catherization Centers

6.2 Appendix B - On-Line Medical Control St-Elevation Myocardial Infarction Questions
BY ORDER OF THE CHIEF OF EMS COMMAND
THERAPEUTIC PERCUTANEOUS CORONARY INTERVENTION CENTERS

MANHATTAN

- Bellevue Hospital Center (H 02)
- Beth Israel Medical Center - Petrie Campus (H 03)
- Lenox Hill Hospital (H 11)
- Mount Sinai Hospital (H 13)
- NY Presbyterian Hospital - Weill Cornell Medical Center (H 14)
- New York University Medical Center – Tisch Hospital (H 15)
- New York Presbyterian - Columbia Medical Center (H 17)
- St. Luke's Roosevelt Hospital - Roosevelt Division (H 18)
- St. Luke's Roosevelt Hospital - St. Luke’s Division (H 20)
- Saint Vincent’s Hospital - Manhattan (H 21)

BRONX

- Montefiore Medical Center - Weiler Division (H 22)
- Montefiore Medical Center – Moses Division (H 29)

BROOKLYN

- Brookdale University Hospital & Medical Center (H 41)
- University Hospital of Brooklyn - SUNY (H 44)
- Long Island College Hospital (H 49)
- Maimonides Hospital (H 53)
- New York Methodist (H 54)
QUEENS

- NY Hospital Medical Center Of Queens (H 31)
- Elmhurst (H 32)
- Jamaica (H 34)
- Long Island Jewish (H 35)
- North Shore University Hospital – Manhasset (H 78)

STATEN ISLAND

- Staten Island University - Ocean Breeze Campus (H 62)

BY ORDER OF THE CHIEF OF EMS COMMAND
1.1 When making initial contact with the FDNY Online Medical Control Center, members shall identify the call as a “STEMI CONTACT” and provide the following information:

- Unit Number: (e.g., 24X3)
- CAD Number

1.2 Members shall provide the following information once the call has been turned over to the physician, or to the OLMC paramedic while awaiting the OLMC physician.

- Patient Name
- Date of Birth (if available)
- Social Security Number (if available)
- Age
- Gender
- Vital Signs including:
  - Heart Rate
  - Blood Pressure
  - Respiratory Rate
  - Pulse Oximetry
  - Present Rhythm (include height of ST Elevation) and any ectopy noted
  - Approximate Time of Onset

BY ORDER OF THE CHIEF OF EMS OPERATIONS AND THE OFFICE OF MEDICAL AFFAIRS