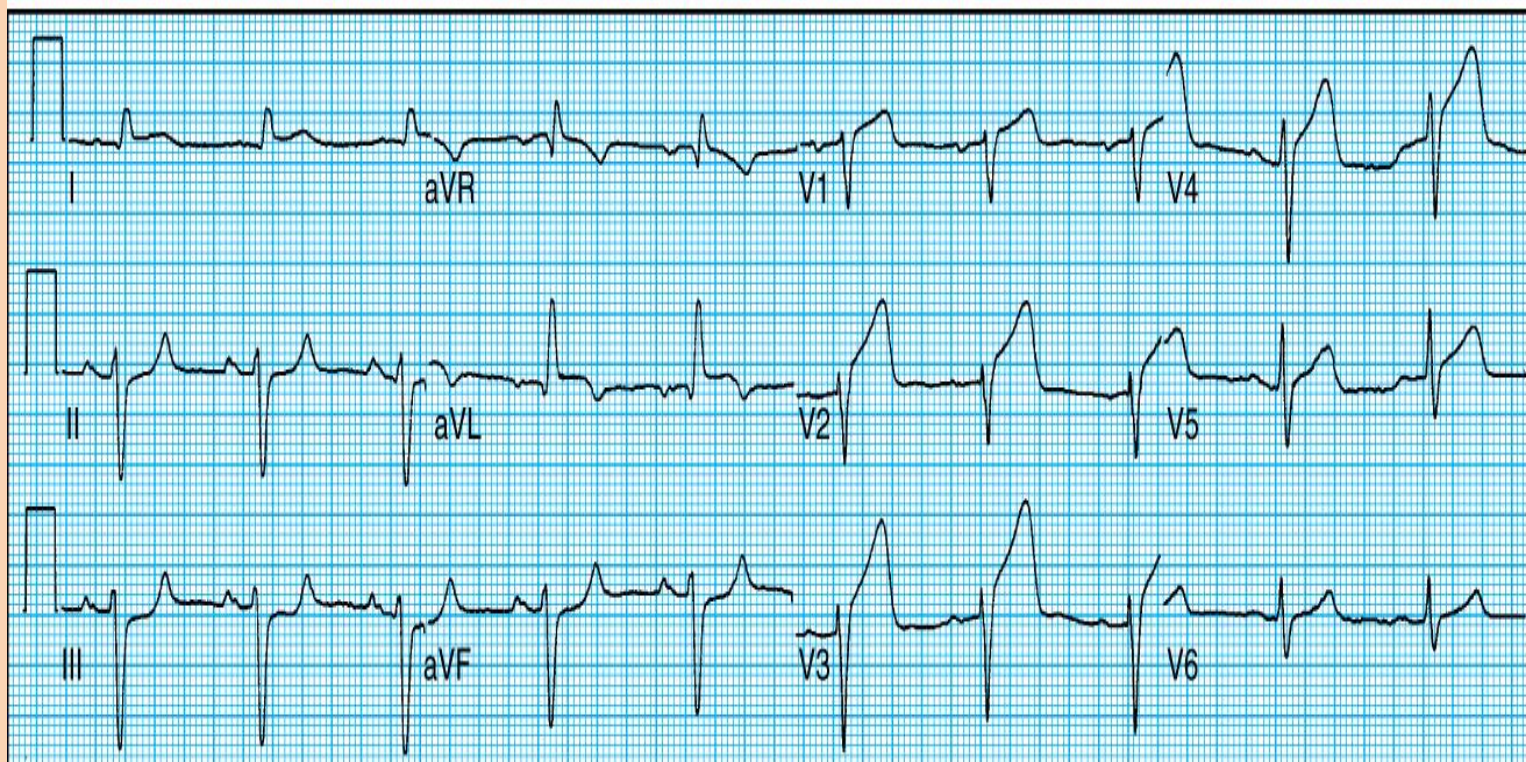


You and your partner arrive on scene for a 52 year old male patient who is complaining of 7/10 chest pain and feeling short of breath. The patient indicates the pain started about 20 minutes ago after mowing his lawn. During the assessment you take a 12 Lead ECG (see below). You and your partner both pause and decide the next steps together.

For PCP's what would you do?

For ACP's what would you do?



# CPER digest

# September 2018

PCP or ACP in collaboration with their partner would complete the initial assessment, begin treatment as indicated and confirm via the STEMI Bypass Protocol if the patient meets the criteria for activation. ECG demonstrated anterior STEMI with > 2 mm ST elevation V1-V4 and >1 mm ST elevation in I and aVL with reciprocal changes inferiorly (ST depression).

## Remember These Pearls

In the case of a confirmed STEMI patient; collaboration, time management and good quality ECG are key.


Be vigilant with changes in patient condition and be ready with the Pads on.

Did you or your partner administer ASA? Make sure to confirm.

Caution Nitro and Morphine administration – Is there inferior involvement?

Activate your PCI Centre.

60 minute window from first contact to PCI centre – work together as a team.

STEMI PROTOCOL PEARLS							
SYMPTOMS	ECG						
<p><b>PAIN</b> Pain can be typical or atypical (but not only non-specific symptoms of dyspnea, nausea, fatigue, etc)</p> <p><b>ACUTE</b> An acute history of symptoms of &lt; 12 hours</p> 	<p><b>QUALITY</b> Ensure good quality ECG</p> <ul style="list-style-type: none"><li>• Shave chest</li><li>• No moving/talking</li></ul> <p><b>REPEAT</b> If negative, do serial ECGs</p> <ol style="list-style-type: none"><li>(1) before treatment</li><li>(2) in ambulance prior to leaving scene</li><li>(3) in ambulance prior to moving into ED</li></ol> <p><b>CAUTION</b> ECGs can be tricky, rule out mimics If not certain, go to closest appropriate ED</p> 						
GEOGRAPHY	PREPARE						
<p><b>60 MINUTES</b> Maximum 60 minutes from first medical contact to PCI centre</p> <p>If you are quicker on scene (eg: 15 minutes), this will allow longer transport time (eg: 45 minutes)</p> 	<p><b>CAUTION</b> Caution with nitro and morphine</p> <p>Neither of these medications are life-saving in STEMI patients &amp; can cause adverse events</p> <p><b>“PADS ON”</b> Defibrillation pads are placed on all patients with suspected STEMI</p> 						
<p><b>BOUNDARIES</b> Know the PCI centres in your area CACC may be able to assist</p> <table border="0"><tr><td>HGH 1-844-832-6830</td><td>Brampton 1-416-747-3500,1</td></tr><tr><td>St. Mary's 1-519-653-4074</td><td>Southlake 1-905-952-2466</td></tr><tr><td colspan="2">Trillium 1-888-493-3568</td></tr></table>	HGH 1-844-832-6830	Brampton 1-416-747-3500,1	St. Mary's 1-519-653-4074	Southlake 1-905-952-2466	Trillium 1-888-493-3568		<p><b>BE READY</b> Be familiar with the common complications that can occur:</p> <ul style="list-style-type: none"><li>• dysrhythmias</li><li>• pump failure</li><li>• cardiac arrest</li></ul> <p>Be ready to manage them</p>
HGH 1-844-832-6830	Brampton 1-416-747-3500,1						
St. Mary's 1-519-653-4074	Southlake 1-905-952-2466						
Trillium 1-888-493-3568							