

Policy and Procedure	
Title: <u>Initial Management of STEMI Patient presenting in NON- Emergency Department Areas of the Hospital</u>	Function Team: All Clinical Departments, Rapid Response & STEMI Alert Teams Cardiac Cath Lab Author: Wayne Ruppert Effective Date: 5/13
Department: All Clinical Departments	
Date(s) Reviewed: 5/13	Date(s) Revised: 6/14, 2/17
Approvals: ___ P&T ___ EOC ___ IC ___ MEC ___ BOT	
References/Other: 1) <i>Circulation</i> . 2003;108:2619-2623 2) JAMA 2000;283:3223-3229 3) American Heart Association Advance Cardiac Life Support 2010; 4) 2014 AHA/ACC/HRS Guidelines for Management of Atrial Fibrillation 5) AHA/ACC Guidelines for Management of ST Segment Elevation Myocardial Infarction (STEMI)	

PURPOSE

This Policy & Procedure is to be used in conjunction with the Acute Chest Pain Protocol, when the 12 Lead ECG indicates the presence of STEMI. This will provide guidelines for patient assessment and early recognition of ACS which requires immediate response, rapid initiation of 12 Lead ECG, physician evaluation, other diagnostic testing, possible immediate reperfusion; and to evaluate for other cardiac conditions which may include, but not limited to recognition of clinically significant cardiac dysrhythmias which may require immediate intervention.

POLICY:

The PRIMARY RN who is assigned for care of the patient will be responsible for the implementation of this Policy and Procedure when a patient presents with symptoms that are suggestive of ACS.

Typical symptoms of ACS include patient complaints of:

1. mid-sternal or left side of chest; pain, pressure or squeezing sensation
2. chest pain/pressure with radiation to arm(s), shoulder(s), neck and/or jaw
3. chest pain/pressure associated with diaphoresis, nausea, vomiting, dizziness, dyspnea. syncope
4. chest pain/pressure with previous history of coronary heart disease, hypertension
5. Panic with feeling of impending doom

Atypical symptoms of ACS include:

1. Any pain or pressure in the places where typical ACS pain can radiate to, (but minus the chest pain): Shoulder(s), neck, jaw, arm(s), back
2. Abdominal pain / pressure
3. Shortness of Breath
4. Overwhelming fatigue / exhaustion
5. Nausea / vomiting (unexplained)
6. Cold sweats and/or pale, clammy skin
7. Palpitations, fast/racing heart rate

Polices and Procedures – Initial Management of Non-ED STEMI Alert –

PROCEDURE:

When the 12 Lead ECG of any patient demonstrates ST Segment Elevation and/or the ECG computerized printout indicates “Acute Myocardial Infarction / Injury,” the patient’s PRIMARY RN will be responsible to implement the following procedures:

1. Position Crash Cart in patient’s room.
2. Attach patient to Crash Cart ECG / Defibrillator via monitor/defib chest patches, implement continuous ECG monitoring.
3. Dial 3 and inform the hospital PBX Operator that the “RAPID RESPONSE TEAM” is needed and provide the patient’s location.
4. Declaration of an “RRT Response” should summon the House Supervisor to respond to the patient’s location to assist with implementation of this procedure.
5. If the 12 Lead ECG indicates “INFERIOR WALL STEMI,” the RN will obtain a Right-sided ECG to determine if Right Ventricular MI (RVMI) is present. If RVMI is present, NITRATES are CONTRA-INDICATED and diuretics, beta-blockers and morphine should be used only with extreme caution.
6. Contact the “ON CALL INTERVENTIONAL CARDIOLOGIST” listed on the current Physician Call Schedule. Inform On-call Interventional Cardiologist that we have a;
 - a. Possible STEMI Alert.
 - b. Describe patient’s symptoms
 - c. Explain ECG findings indicating STEMI (include computer’s interpretation if necessary).
 - d. If physician want to see copy of the ECG, it can be transmitted via:
 - i. Tiger Text – (encrypted message and photo transmission)
 - ii. HeartStation/PACS server
 - iii. Fax to physician’s location (obtain fax # from physician)
7. If Interventional Cardiologist agrees that this is a STEMI Alert, notify HOUSE SUPERVISOR that cardiologist has declared a STEMI Alert.
8. The HOUSE SUPERVISOR is responsible to assure that
 - a. The ON-Call INTERVENTIONAL CARDIOLOGIST listed on the current Physician Call Schedule has been notified of the STEMI Alert and is responding.
 - b. The On-Call Cardiac Cath Lab Team members have been notified and are responding.
9. Primary RN should resume patient care responsibilities.
10. Follow Acute Chest Pain Protocol / Rapid Response Team protocols.