

LIFE NET TRANSMISSIONS FOR FIELD EKGs

Life Net alert fires

Flow Coordinator

- Acknowledges Life Net alert
- Retrieves tracing from printer or can manually print the tracing
- Designates staff member to take tracing to ED MD

EM PHYSICIAN

- Interprets EKG
 - **Positive** for STEMI, Activate Cath Lab
 - **Negative** for STEMI, treatment as usual
 - **Questionable** (no activation at this time but get old EKG ASAP)
- Initials and times **all** tracings.
- **If positive, writes "Activate" on tracing and notifies ED Sup (0317)**
- If questionable, write "Need old EKG" on tracing

ED Supervisor

- Activates Cath Lab if requested by the EM physician and after confirmation (phone call or report from EMS) that patient is coming to BUMC
- Oversees care of STEMI patient as usual

Staff member returns tracing to Flow Coordinator after read by EM physician

Flow Coordinator ensures that tracing is matched with patient upon arrival

- DFD tracings will have Rescue Unit and Patient Name
- All others may just have Rescue Unit and Date / Time of transmission
- After confirming that the EKG belongs to that patient, **please write the patient's name on the EKG**
- **For patients with STEMI, pull AMI packet and send with patient to the room**

For patients with STEMI and Cath Lab is activated, the EKG does not need to be repeated unless requested by the physician.

For all others, repeat EKG on arrival to the ED room as usual.

If EMS is unable to transmit an EKG but states STEMI, Code STEMI, ST elevation, or Acute MI you should go ahead and activate the Cath Lab on their call.



BAYLOR UNIVERSITY MEDICAL CENTER
EMERGENCY DEPARTMENT

STEMI PROTOCOL – CATH LAB INTERVENTION

EM Physician CONFIRMS ST ELEVATION MI (STEMI)

24 Hours a Day / 7 Days a Week

ED MD notifies ED Sup (0317)
ED Sup notifies BHVH on BHVH STEMI Phone (0550)
Cath Lab RN calls ED Sup (0317) with room and name of interventional cardiologist
Cardiologist calls EM Physician on ED STEMI Phone (0500)

ASA 81mg x4 chewed OR ASA 325mg chewed or rectally
Plavix 600 mg by mouth
Heparin bolus **4000** units IVP
(Ask doc for order for meds – not SDMO)
NS with PUMP tubing and extension tubing
Cath Lab procedure and General Consents

ED RN and ED tech will transport
Patient to Cath Lab ASAP

Consider Thrombolytics:

Cath Lab unavailable or delay
expected greater than 90 minutes
OR
Absolute contraindications to
cardiac catheterization

MINIMUM Paperwork Needed:

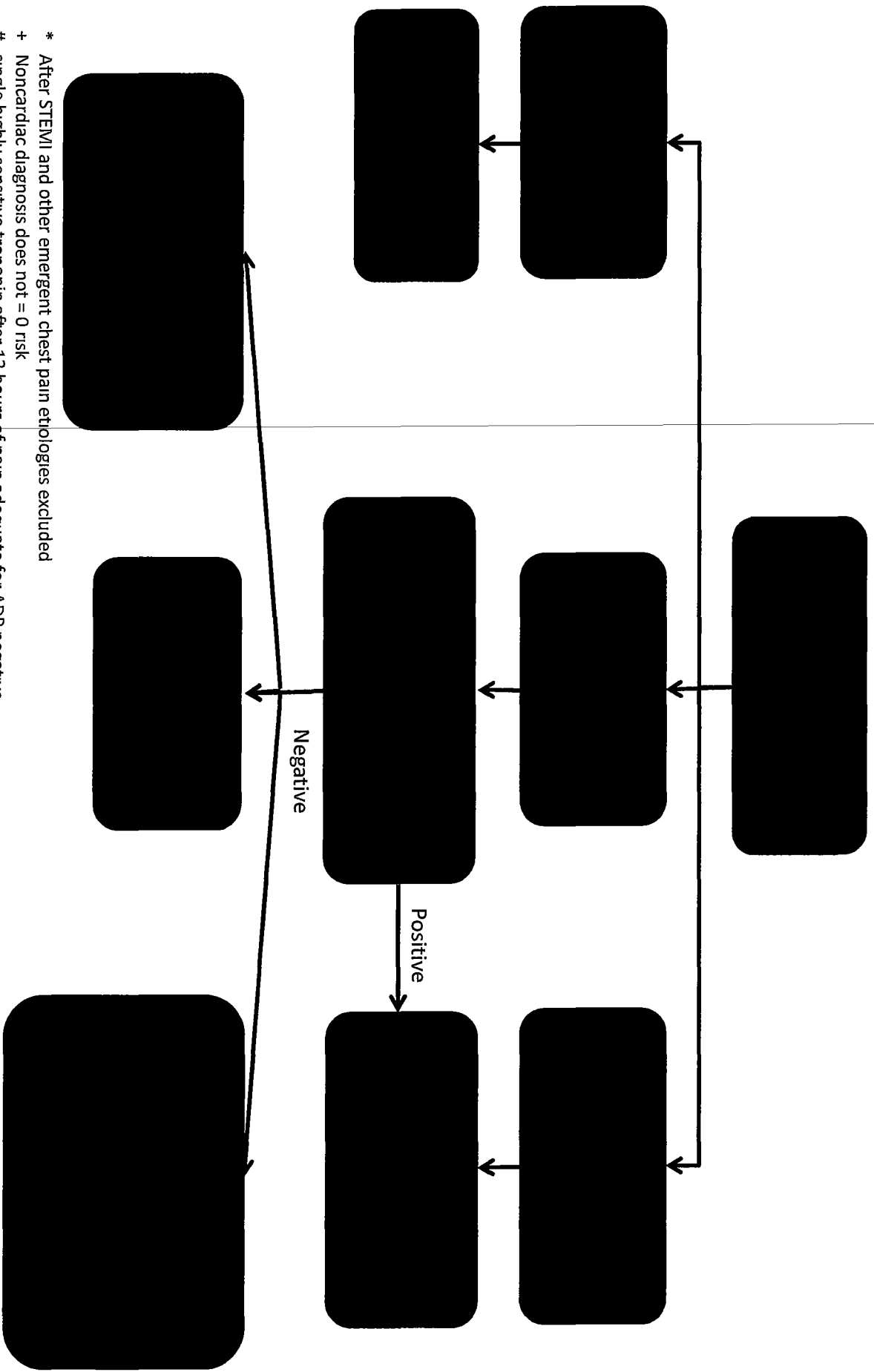
- 1 EKG (keep copy in ED)
2. Completed tracking form (keep copy in ED)
- 3 Signed Consents

May send MOT/COT and completed chart after transporting patient. Do not delay transport for paperwork.

FAX EKG to SCU ASAP: 2-0742

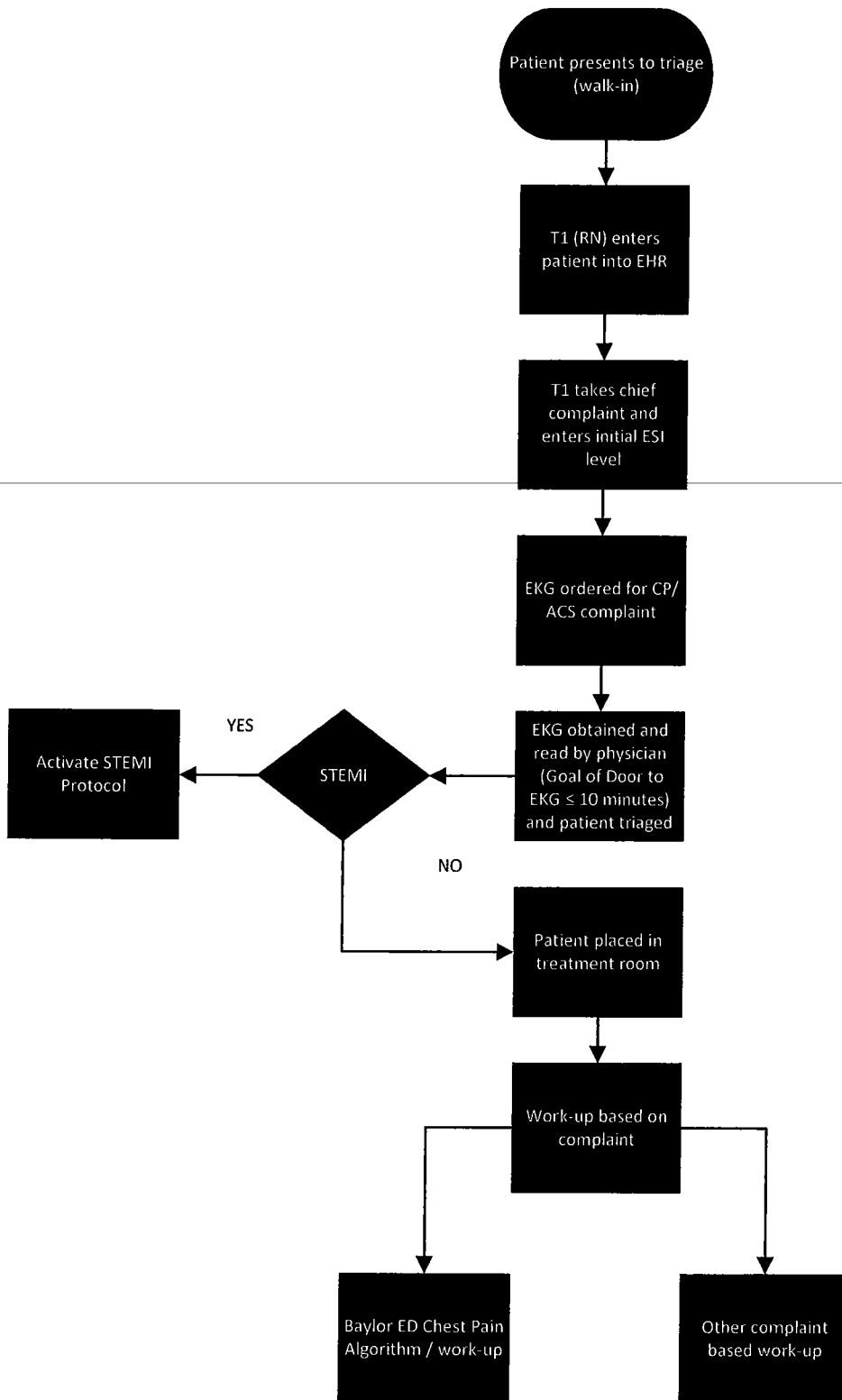
Baylor ED Chest Pain Algorithm

Include This & Injured worker

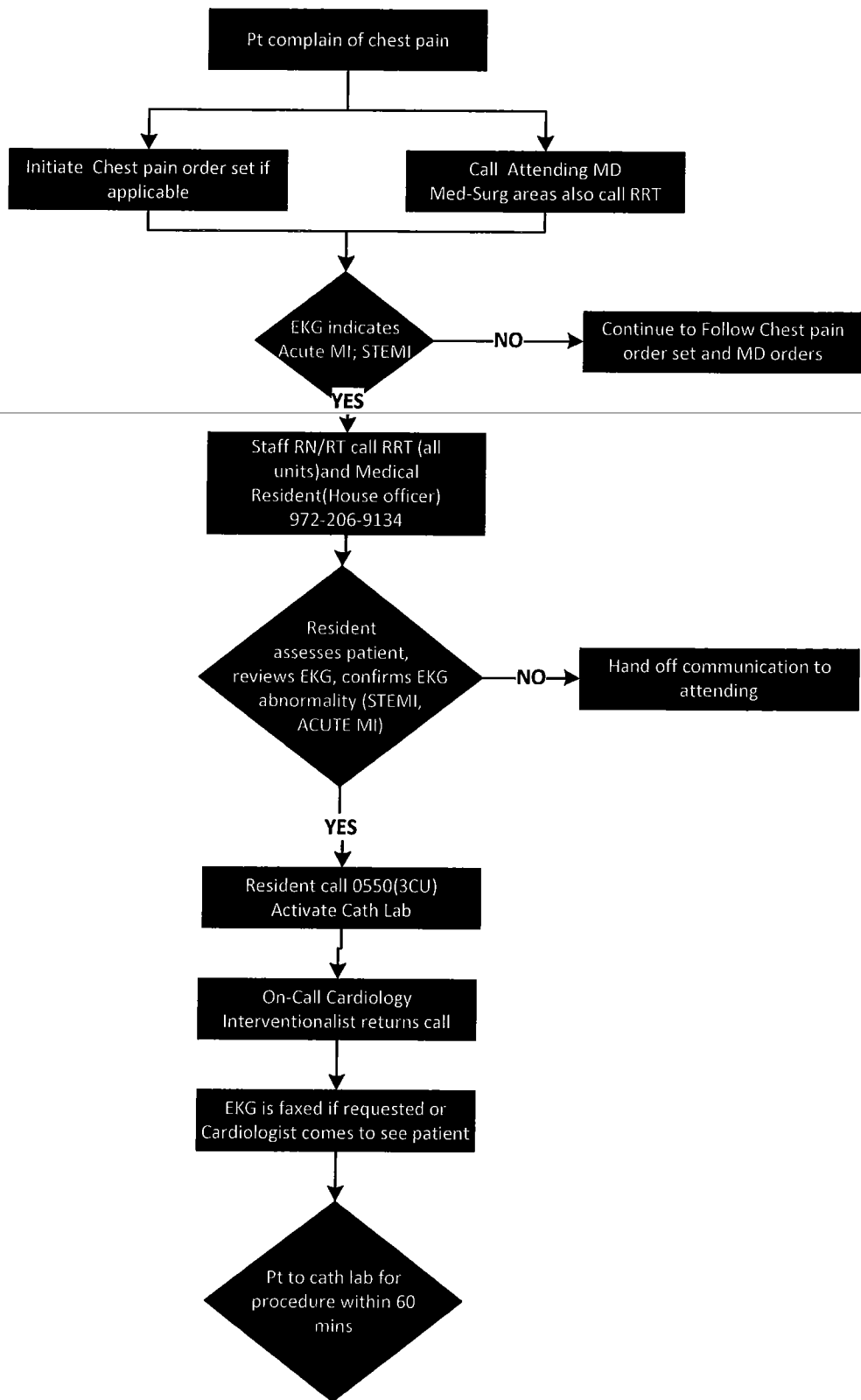


- * After STEMI and other emergent chest pain etiologies excluded
- + Noncardiac diagnosis does not = 0 risk
- # single highly sensitive troponin after 12 hours of pain adequate for ADP negative
- ∞ Patients for CDU/Obs admit may forego the 2 hour troponin

Process for Chest Pain/ACS patients that present via Triage



INPATIENT CHEST PAIN PROCESS



Quick ECG Criteria

Expectation: Arrival to ECG Read by Physician <10 minutes

Age EKG Required for:

30 years old or greater presenting with:

- Chest Pain

50 years old or greater presenting with:

- Dyspnea
- Altered Mental Status
- Upper Extremity Pain (non-traumatic)
- Syncope
- Weakness
- Upper Abdominal Pain

- Nausea/Vomiting

Any patient who presents with unclear symptoms may have an ECG ordered if it is believed they may be having a STEMI. All nurses expected to use clinical judgment to determine ultimate need for Triage ECG

Age \geq 30
with Chest pain?

Yes

Triage ECG

No

Age \geq 50 with any:

- Dyspnea
- Altered Mental Status
- Upper Extremity Pain
- Syncope
- Weakness
- Upper Abdominal Pain
- Nausea/vomiting

Yes

Triage ECG

No

Use Clinical Judgement
to Determine Need for
Triage ECG

STEMI REVIEW

Date: 2/27/2014

Patient Name:	
Account No:	
Date of Service:	
ED Physician:	

CONFIDENTIAL PEER REVIEW

GOALS:	Door to EKG - 10 min
	Door to Cath Lab Activation - 15 min
	Door to Door - 30 min

Quality Flag:

- Cath Lab Activation
- Cath Lab Cancellation
- Review requested by: _____

Timeline:

Arrival _____

EKG Time _____

Bed Placement _____

Provider Visit _____

Activation Time _____

Departure Time _____

Treatment Time _____

Findings _____

Door to EKG	0:00
Bed to doc	0:00
Door to Activation	0:00
Activation to Departure	0:00
Door to 1st Treatment	0:00

- First EKG positive? Yes No
- Appropriate Cath Lab activation? Yes No
- Initial EKG read correctly? Yes No
- Discussed with Interventional Cardiologist? Yes No
- Included in Core Measure metric for 'door to PCI'? Yes No n/a
- Met 90 min window? Yes No n/a
- Documented delay/exclusion statement? Yes No n/a

or excluded because _____

Comments.

ED STEMI QA MD Signature: _____

Date: _____

Provider Signature: _____

Date: _____

- Refer to ED Peer Review Committee
- SOC Met