STEMI

REFRESHER

RECOGNIZE IT

- STEMI: ST elevation of 1 mm or more in two or more contiguous leads (guideline p.27)
- Chest pain — pressure, aching, vice-like tightness — with dyspnea, nausea, diaphoresis
- Diabetics, geriatric, and female patients often present atypically, or with only generalized complaints (guideline p.28)

ASSESS

- 12-lead ECG early — localize the injury: II, III, aVF = inferior; I, aVL, V5, V6 = lateral; V1–V4 = septal/anterior
- Look for reciprocal ST depression in the opposite leads to confirm the diagnosis
- Isolated ST elevation in aVR with ST depression everywhere else suggests proximal LAD or left main — send the EKG for consult
- Serial vitals; caution with nitroglycerin if heart rate exceeds 100 or the patient is hypotensive

ACT — FIRST MOVES

1. Obtain and transmit the 12-lead without delaying transport
2. Activate the cath lab ('CODE STEMI') when criteria are met; if not, send the EKG for consult and notify the ED early
3. Transport to the appropriate facility under the STEMI EMS Triage and Destination Plan
4. Treat chest pain per the Chest Pain guideline, including nitrates and opioids as indicated and tolerated
5. Reassess rhythm and blood pressure continuously — STEMI patients arrest

PEARLS

- A normal first 12-lead does not clear the chest pain patient — repeat it when symptoms persist
- The consult pathway exists for the almost-STEMI: use it instead of guessing alone
- Time is myocardium: the notification you make from the field is part of the treatment

Take Home Message:

Prove it on the 12-lead, localize it, transmit it, and activate or consult early — then take the patient where the STEMI plan says.