

# SCGH ED Code STEMI Protocol

Is it an acute STEMI?

Pain < 12/24

**ECG changes consistent with STEMI**

- ST elevation >1mm in 2 contiguous limb leads or
- ST elevation >2mm in 2 contiguous chest leads

Does it meet criteria to activate "CODE STEMI"?

**Inclusion criteria**

- Symptom onset < 12 hours
- <85 years
- Ongoing pain
- Mobile and independent

**Exclusion criteria - for discussion**

- >85 years
- LBBB
- Prior CABG
- Significant comorbidities
- Out of hospital cardiac arrest
- Pulmonary oedema
- Cardiogenic shock
- Recent major surgery (<2/52)
- Active bleeding

ED consultant / night SR discuss with on-call General Cardiologist (not cardiology registrar)

**Is primary intervention appropriate?**

Yes

No

Activate "CODE STEMI" where appropriate

ED consultant / night SR  
**DIAL 55**  
State "CODE STEMI ED now"

Medical Management

Patient preparation in ED

- Aspirin 300mg
- Ticagrelor 180mg or
  - If contraindicated Prasugrel 60mg or
  - If contraindicated consider Clopidogrel 600mg
- Heparin 5000 IU IV
- Prepare for transfer

Contraindications to P2Y<sub>12</sub> inhibitors

- Active bleeding
  - Allergy
- Ticagrelor:
- Heart rate <50 bpm
  - Chronic dyspnoea
  - History ICH / TIA / Stroke
- Prasugrel:
- Weight < 60kg
  - Age > 75 yrs
  - History ICH / TIA / Stroke
- Clopidogrel
- History ICH

Transfer to Cath Lab (CVIL)

**Suitable for rapid transfer**

- Transfer with ED RN and ED Dr
- Work hours 0730-1700, transfer without delay
- After hours, transfer 10 minutes after Code STEMI activation
- Record time of arrival on ECG
- **ED staff to stay with patient until appropriate CVIL team members arrive**

**Not suitable for rapid transfer**

- Notify cardiology registrar
- Remain in ED until appropriate CVIL team members arrive and call for patient
- Transfer to CVIL with ED RN and cardiology registrar