INAPPROPRIATE ACTIVATION FORM

This description avoids language that may reflect a negative connotation among STEMI system participants, while cognizant of the need to define the most precise and widely applicable terminology available. The adoption of common definitions will provide the greatest support to STEMI system development. Systems may choose to vary the terms by which they refer to these common definitions without detracting from their usefulness. For example, "false activation" may also be referred to using other terms including "protocol deviation" or "lab cancellation," and whenever possible, we suggest additional terms that may be used in referring to a definition in italicized boxes. Common scenarios that illustrate application of these definitions in practice are depicted below:

Scenarios

Scenario 1: Initial source of activation

A patient is initially evaluated by an EMT paramedic at their home who makes the diagnosis of STEMI and activates the catheterization laboratory. The patients are transported to the emergency department where the emergency physician also activates the catheterization laboratory. The initial source of activation is emergency medical technician.

Scenario 2: ECG interpretation method

A patient is diagnosed to have a STEMI according to multiple criteria including EMT read of the ECG and machine read indicating definite STEMI. Both EMT and machine read should be selected for ECG interpretation method.

Scenario 3: Catheterization laboratory cancelled

The catheterization laboratory has been activated by an emergency department physician and personnel are traveling to the laboratory. A cardiologist subsequently evaluates the patient and determines that urgent catheterization is not warranted. This scenario would represent a catheterization laboratory cancellation.

An EMT paramedic notifies the emergency physician that a STEMI patient was en route to the hospital. The catheterization laboratory is not activated because the emergency physician wishes to review the patient first. On arrival the patient was not felt to meet criteria for STEMI. This scenario would not represent cancellation of the laboratory.

Term	Alternative descriptions/	Field choices (chose all that apply from the following	Definition

	terms	choices)	
Initial source of activation		a. Physician b. Emergency Medical Technician c. Other	The health care profession who made the initial decision to activate the catheterization laboratory. Generally, this is the first professional to evaluate the patient's symptoms and electrocardiogram (ECG) on first medical contact.
ECG interpretation method		a. EMT b. Machine c. Transmission d. Other	The method of interpreting the ECG regarding criteria for STEMI during first medical contact. More than one option may be selected.
Catheterization laboratory cancelled	False activation, protocol deviation	a. Yes b. No c. Not available d. Not applicable	Cancellation of the catheterization laboratory after the lab has been activated and personnel are en route.
Reason catheterization laboratory cancelled.		a. The patient did have ST segment elevation (discordance in ECG interpretation) b. The patient did have ischemic type chest pain (discordance in symptom interpretation) c. Resolution of chest pain and / or ST segment elevation d. Death e. Do not resuscitate status f. Unwilling to undergo catheterization g. Unable to obtain consent for the procedure h. Severe dementia i. Combative / uncooperative patient j. Active bleeding k. Severe co-morbid or terminal illness l. Protocol deviation m. Other	Principal or most likely reason catheterization laboratory was cancelled.

PCI performed		a. Yes b. No c. Not available d. Not applicable	Any coronary intervention involving a device was performed including balloon angioplasty, stent deployment, thrombectomy, or infusion of intracoronary fibrinolysis.
Reason PCI not performed		a. No infarct related artery b. Referred for CABG c. Unable to cross lesion d. Medical management only e. Other	Principal or most likely reason PCI was not performed.
Definite STEMI patients		a. Yes b. No c. Not available d. Not applicable	Patient met criteria for STEMI diagnosis including chest pain history and ST segment elevation and was diagnosed with a myocardial infarction by the finding of an infarct related artery on angiography and/or positive cardiac enzymes following hospital admission
Positive cardiac enzymes		a. Yes b. No c. Not available d. Not applicable	Elevation of specific markers for myocardial necrosis according to the ACC / ESC definitions for type 1 myocardial infarction including elevation of creatine kinase-MB or troponin above the 99th percentile. Values exceeding individual hospital ranges are sufficient and meet the criteria for positive cardiac enzymes. [J Am Coll Cardiol 2000;36:959–69.]
Patient for whom the catheterization laboratory should not be activated.	Inappropriate patient for catheterization	a. No b. Not available c. Not applicable	A patient for whom emergent catheterization cannot be performed for reasons obvious to the health care professional during the first medical contact including 1) do not resuscitate status, 2) unwilling to undergo catheterization, 3) neither the patient nor their proxy are able to consent for the procedure, 4) severe dementia, 5) combative / uncooperative patient, 6) active bleeding, 7) severe comorbid or terminal illness