DIRECT REFERRAL TO THE CATH LAB

Inclusion Criteria
- Ongoing chest discomfort or upper body discomfort felt to be ischemic in origin
- Symptom duration of less than 12 hours
- ST elevation of at least 2 mm in two or more contiguous leads
- Absence of other issues believed to require further evaluation and treatment (see exclusions)

Exclusions
- LBBB
- Intubated
- Respiratory failure or CHF requiring intubation
- Cardiac arrest
- DNR/DNI
- On-going Hospice care
- Obvious active severe bleeding
- Head or other serious trauma (meets trauma center criteria)

Protocol
1. EMS transmits ECG to FDNY On-Line Medical Control (OLMC) MD for evaluation
2. OLMC confirms there is ST elevation on ECG and verifies with paramedics that the patient meets the criteria for Direct Referral to the catheterization laboratory
3. Notification made by FDNY OLMC to ED, including provision of demographic information necessary for pre-registration and ECG transmitted from FDNY OLMC to ED (and secondary transmission points as identified by the PCI facility)
4. ED activates the STEMI pager and includes information that the patient qualifies as a “Direct Referral to the Cath Lab” provides the estimated time of arrival (ETA)
5. Cath lab calls ED to confirm availability to proceed with “Direct Referral to the CathLab”
6. Fellow, resident or member of the cath lab team greets the patient/EMS at the hospital’s ED entrance and escorts them to cath lab.

NYC Direct Referral to Cath Lab Protocol
4/24/2013-5:00
Notes:

- FDNY OLMC will direct EMS to take eligible direct cath lab patients to the PCI Center’s ED. The hospital then needs to escort EMS with a medically appropriate hospital team/person to the hospital’s Cath Lab on the EMS stretcher.

  *EMS will not take any patient directly from the field to a PCI Center’s cath lab. All patients will be brought to the ED and then have to be escorted to the cath lab.*

  *The accompanying hospital staff member must be available within five minutes of initial arrival and the total time spent awaiting an escort is not to exceed ten minutes. At no time is a crew to be “extended” due to the unavailability of hospital staff to accompany the patient or proceed to the cath lab without an appropriate escort. If no staff is available within 10 minutes, the patient shall be delivered to ED staff."

- With the availability of the transmitted field ECG or with the hard copy itself (in the event of an unsuccessful transmission), time should not be wasted to obtain an ECG at the time of arrival.
- If the cath lab is closed, the patient will then reside in the ED with ED staff until the lab can be opened.
- Hospital “arrival time” should be recorded as the time the patient is brought to the ED by EMS.

The FDNY Pre-notification Protocol is as follows:

**Pre-notification Protocol:**
FDNY will transmit the ECG and make a phone call (providing the necessary demographic information to allow for preregistration) for all patients with ischemic type chest discomfort and ST segment elevation >1mm. For all cases with >2 mm ST segment elevation who meet the agreed upon criteria for “direct referral to the cath lab” FDNY will use specific language stating that the patient qualifies for “direct transport to the cath lab”. Hospitals will then preactivate the cath lab and follow their procedures on how to expedite the patient to the cath lab.

*Note: If the field ECG cannot be transmitted from the field to the hospital, FDNY will still call a “direct referral to the cath lab” if the patient meets the criteria. (Note: the field EMS personnel will still communicate verbally with FDNY On-Line Medical Control MDs who will make the determination on the case).*