Obtain 12 L ECG with Initial Vital Signs:

Goal: First Medical contact to ECG < 10 min, Scene time: < 15 minutes

provide early identification and pre-hospital arrival notification for suspected ST segment acute myocardial infarction (STEMI) to optimize time to reperfusion by fibrinolysis or percutaneous coronary intervention (PCI)

- Chest pain, pressure, tightness or persistent discomfort above the waist in pts. > 35 yrs. of age
- "Heartburn" or epigastric pain
- Complaints of “heart racing” (HR >150 or irregular and >120) or “heart too slow” (HR < 50 and symptomatic)
- A syncopal episode, severe weakness, or unexplained fatigue
- New onset stroke symptoms (< 24 hours)
- Difficulty breathing or shortness of breath (with no obvious cardiac cause)
- Recent Cocaine, stimulant and/or other Illicit drug use (pts. of any age)
- Return of Spontaneous Circulation (ROSC) post cardiac arrest
- Recent cocaine or illicit drug use

When?

- With the first set of vital signs and preferably before oxygen and nitroglycerine administration (unless the patient is in respiratory distress or saturations on room air \( \text{SpO}_2 < 92\% \))
- Ideally, the 12– Lead ECG should be captured within 10 minutes of making first medical contact (“at patient” time)
- However, transport should NEVER be delayed to obtain a 12-lead ECG

STEMI Alert Activation Criteria:

Activate STEMI Alert when any one of the following criteria met & signs & symptoms suspect of (AMI) acute myocardial infarction as described above are demonstrated with a duration of >15 minutes <24 hours

- Paramedics trained in 12 lead interpretation are able to activate a STEMI alert based upon recognition of ECG characteristics suspect of STEMI including 1 mm of ST elevation in 2 contiguous leads.
- Transmission of the 12-lead ECG to the receiving facility for provider interpretation. Remember to add a patient identifier, and your phone number to the ECG. Always follow up with phone call to confirm the ECG transmission receipt, and obtain further medical direction.
- ECG monitor’s diagnostic interpretation indicates Acute MI is suspected.
Best Practices
Female Patients:

Alert and Cooperative patients can be asked to remove their own undergarments (privacy should be provided for them).

To move a patient's breast aside using the back of a gloved hand, or when possible ask the patient to move their own breast.

Consider stocking gowns to drape and protect the patient's modesty.

Anterior V3, V4

Septal: V1, V2

Inferior: II, III, AVF

Lateral: I, AVL, V5, V6