If suspicion high for ACS & symptoms persist, continue protocol treatments and obtain serial ECG’s at 5-10 minute intervals.

Pre-Hospital STEMI ALERT Activation Criteria:
- Signs & symptoms suspect of AMI with duration ≥ 15 min but ≤ 24 hrs, and one or more are met:
  1. ECG transmitted & reviewed by a provider (Physician, NP, PA) confirmed to be diagnostic of STEMI
  2. EMS personnel trained in 12 L ECG interpretation recognize ST elevation of ≥ 1 mm in 2 contiguous Leads
  3. 12-Lead ECG Monitor Algorithm Interpretative statement: (ie. *** Acute Myocardial Infarction ***)

Determine Transport Destination:
- Consider Air Transport
- Consider ALS Intercept if BLS transport > 15 min

Diversion Criteria:
- Patient demonstrates instability and/or has any one of the following criteria that may require ED evaluation and treatment by a practitioner:
  - Symptoms suggestive of acute stroke or neurological evaluation
  - Respiratory or Circulatory Instability
  - Chest trauma or MVC victims
  - DNR Status
  - Consider Left Bundle Branch Block

Notify medical control of STEMI ALERT and consider transport to the closest appropriate non-PCI capable referring hospital…

...For possible Fibrinolytic therapy and/or subsequent urgent transfer to a PCI Capable Receiving Facility for reperfusion.

Documentation Reminders Upon Arrival at Hospital:
- Provide a printed copy of EMS Run Sheet, & 12 L ECG with Report to the receiving hospital staff.
- Document Date and Time of:
  - EMS dispatch
  - First Medical Patient Contact
  - 12-Lead ECG
  - Scene departure
  - STEMI alert requested
  - Destination Arrival
  - EMS agency number, and run number.