



## PREHOSPITAL IDENTIFICATION OF CORONARY REPERFUSION CANDIDATES

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### 1. PURPOSE

- 1.1 To set forth the policy and procedures for directing patients suspected of having a ST-segment Elevation Myocardial Infarction (STEMI) to therapeutic Percutaneous Coronary Intervention (PCI) Centers as directed by the FDNY On-Line Medical Control (OLMC) Physician.

### 2. SCOPE

- 2.1 This procedure applies to all members of the EMS Command and to Voluntary Hospital ambulance personnel who provide pre-hospital emergency medical care in the New York City 911 system.

### 3. DEFINITIONS

- 3.1 **911 Ambulance Destination** - A hospital emergency department that meets the New York City Regional 911 Emergency Department standards and has been accepted by FDNY as a facility to receive 911 patients.
- 3.2 **PCI Center** - A New York State (NYS) interventional cardiac catheterization facility that is participating in the New York City 911 system program to provide therapeutic Percutaneous Coronary Intervention (PCI) for coronary reperfusion.

### 4. POLICY

- 4.1 A patient suspected of suffering a myocardial infarction should be removed from an incident scene and shall be taken to the **most appropriate** 911 Ambulance Destination. Upon identification of a STEMI patient, OLMC shall be contacted for permission to transport directly to the closest PCI center. This shall be documented on the ePCR as a specialty referral transport.
- 4.1.1 A STEMI patient is defined as an adult with historical/physical findings indicating an acute myocardial infarction and either:
- ST segment elevation on a 12-Lead EKG in 2 contiguous leads (1 mm in the limb leads, 2 mm in the chest leads)
- OR**
- A new Left Bundle Branch Block (LBBB)

- 4.2 A suspected myocardial infarction patient with any of the following shall be transported to the appropriate 911 Ambulance Destination in accordance with Department policy and procedures.
- The patient is in extremis or has an unmanageable airway the patient shall be transported to the closest 911 Ambulance Destination
  - The patient meets criteria for transport to a specialty referral center (trauma, burn, stroke) the patient shall be transported to the closest specialty referral center.
- 4.3 A STEMI patient may refuse transport to a PCI Center **only** after discussion with the OLMC Physician.

## 5. PROCEDURE

- 5.1 When presented with an adult patient with historical/ physical findings indicating an acute myocardial infarction:
- 5.1.1 BLS providers shall provide patient care in accordance with the Emergency Medical Technician (EMT) Non-Traumatic Chest Pain protocol and immediately request ALS back-up. Members shall package and remove patient to the BLS ambulance as expeditiously as possible.
- A. Prior to transport, the BLS unit shall determine if an ALS unit is assigned.
- If an ALS unit is assigned and the patient is hemodynamically stable, the BLS crew shall wait for the arrival of the ALS unit.
  - If the patient **is not** hemodynamically stable or an ALS unit is not assigned, the BLS unit shall transport the patient to the closest 911 ambulance destination.
- 5.1.2 ALS providers shall provide patient care in accordance with the Emergency Medical Technician (EMT) Non-Traumatic Chest Pain protocol and immediately acquire a 12-Lead EKG. After acquiring the 12-Lead EKG, paramedics shall begin patient care in accordance with the Advanced Emergency Medical Technician (Paramedic) Non-Traumatic Chest Pain protocol.
- A. If patient meets STEMI criteria, contact the FDNY OLMC facility to request direct transport to a PCI Center.
- B. If available, transmit a copy of the 12-lead EKG to the OLMC physician for review and determination.
- C. Transport the patient as directed by the OLMC physician.
- 5.1.3 Upon arrival at the PCI Center:
- A. Deliver the patient directly to the hospital Emergency Department (ED) receiving area.

- B. Provide a patient presentation to the triage nurse or other hospital receiving agent and advise them that a notification and pre-registration from the FDNY On-Line Medical Control facility was made prior to your arrival for a STEMI patient.
- C. Provide a copy of the 12-Lead EKG tracings to the treating physician.
- D. Transfer the patient to the hospital stretcher and obtain a signature on the PCR from the hospital receiving agent.
- E. Provide the hospital receiving agent accepting the patient with the Hospital Copy of the PCR and copies of the 12-Lead EKG tracings.
- F. Contact OLMC after delivery of patient for follow-up.

5.2 OLMC Paramedics shall:

- 5.2.1 At the beginning of their tour, ensure that all PCI centers are able to accept patients and have not requested temporary suspension of service.
- 5.2.2 Document preliminary information of the suspected STEMI patient in the Computerized Telemetry System (CTS) program.
- 5.2.3 If available, obtain a copy of the on scene 12-lead EKG acquisition and provide to the OLMC Physician for review and determination.
- 5.2.4 Alert the OLMC Physician of any identified STEMI patient contacts for potential hospital bypass. Advise the OLMC Physician which is the closest accepting PCI center.

5.3 The OLMC Physician shall:

- 5.3.1 Review and discuss with the on-scene paramedic whether patient meets STEMI criteria. If the STEMI criteria is met, direct transport to the closest accepting PCI Center.
- 5.3.2 Obtain the name of the patient, social security number (if available), and date of birth for emergency pre-registration, if not already obtained by the OLMC Paramedic.
- 5.3.3 Contact the PCI Center emergency department and the cardiac catheterization unit to advise them of the incoming STEMI patient, any relevant information and provide registration information to expedite unit admission.
- 5.3.4 Remain available to discuss the case with the paramedic crew following the call, as necessary.

**6. APPENDICES**

6.1 Appendix A – Cardiac Catherization Centers

6.2 Appendix B - On-Line Medical Control St-Elevation Myocardial Infarction Questions

FDNY  
October 15, 2007

EMSC OGP 115-11  
Coronary Reperfusion Candidates

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**BY ORDER OF THE CHIEF OF EMS COMMAND**



**THERAPEUTIC PERCUTANEOUS CORONARY  
INTERVENTION CENTERS**

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**MANHATTAN**

- ♦ Bellevue Hospital Center (H 02)
- ♦ Beth Israel Medical Center -Petrie Campus (H 03)
- ♦ Lenox Hill Hospital (H 11)
- ♦ Mount Sinai Hospital (H 13)
- ♦ NY Presbyterian Hospital - Weill Cornell Medical Center (H 14)
- ♦ New York University Medical Center – Tisch Hospital (H 15)
- ♦ New York Presbyterian - Columbia Medical Center (H 17)
- ♦ St. Luke's Roosevelt Hospital - Roosevelt Division (H 18)
- ♦ St. Luke's Roosevelt Hospital - St. Luke's Division (H 20)
- ♦ Saint Vincent's Hospital - Manhattan (H 21)

**BRONX**

- ♦ Montefiore Medical Center - Weiler Division (H 22)
- ♦ Montefiore Medical Center – Moses Division (H 29)

**BROOKLYN**

- ♦ Brookdale University Hospital & Medical Center (H 41)
- ♦ University Hospital of Brooklyn - SUNY (H 44)
- ♦ Long Island College Hospital (H 49)
- ♦ Maimonides Hospital (H 53)
- ♦ New York Methodist (H 54)

**QUEENS**

- ♦ NY Hospital Medical Center Of Queens (H 31)
- ♦ Elmhurst (H 32)
- ♦ Jamaica (H 34)
- ♦ Long Island Jewish (H 35)
- ♦ North Shore University Hospital – Manhasset (H 78)

**STATEN ISLAND**

- ♦ Staten Island University - Ocean Breeze Campus (H 62)

**BY ORDER OF THE CHIEF OF EMS COMMAND**



**ON-LINE MEDICAL CONTROL ST-ELEVATION  
MYOCARDIAL INFARCTION QUESTIONS**

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- 1.1 When making initial contact with the FDNY Online Medical Control Center, members shall identify the call as a "STEMI CONTACT" and provide the following information:
- Unit Number: (e.g., 24X3)
  - CAD Number
- 1.2 Members shall provide the following information once the call has been turned over to the physician, or to the OLMC paramedic while awaiting the OLMC physician.
- Patient Name
  - Date of Birth (if available)
  - Social Security Number (if available)
  - Age
  - Gender
  - Vital Signs including:
    - Heart Rate
    - Blood Pressure
    - Respiratory Rate
    - Pulse Oximetry
    - Present Rhythm (include height of ST Elevation) and any ectopy noted
    - Approximate Time of Onset

**BY ORDER OF THE CHIEF OF EMS OPERATIONS AND THE OFFICE OF  
MEDICAL AFFAIRS**