



**PREHOSPITAL IDENTIFICATION OF
CARDIAC ARREST CENTER CANDIDATES
(NYC PROJECT HYPOTHERMIA)**

1. PURPOSE

- 1.1 To set forth the policy and procedures for directing cardiac arrest patients who have return of spontaneous circulation (ROSC) to Cardiac Arrest Centers as directed by an 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 **Cardiac Arrest Center** - A hospital emergency department that is participating in the New York City 911 system program to provide therapeutic hypothermia as a standard part of post-resuscitation management.
- 3.3 **Percutaneous Coronary Intervention (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 cardiac arrest patient who has ROSC should be removed from an incident scene and shall be taken to the **most appropriate** 911 Ambulance Destination. Upon identification of ROSC, OLMC shall be contacted for permission to transport directly to the closest Cardiac Arrest Center. This shall be documented on the ePCR as a specialty referral transport.
- 4.2 A cardiac arrest patient who has ROSC whose 12-Lead EKG indicated a STEMI shall be transported to a Cardiac Arrest Center that is also a PCI center to allow for both coronary reperfusion and hypothermic post-resuscitation care.

5. PROCEDURE

- 5.1 When presented with a cardiac arrest patient, members shall perform patient care in accordance with the appropriate New York City REMAC protocols based on provider certification level and patient condition.
- 5.2 For a cardiac arrest patient with ROSC:
 - 5.2.1 BLS providers shall immediately request Advanced Life Support (ALS) back-up and contact the FDNY OLMC facility to request transport to a Cardiac Arrest Center. Members shall package and remove patient to the BLS ambulance as expeditiously as possible. If ALS is not on-scene by that time, then BLS shall proceed to the OLMC approved destination center.
 - 5.2.2 ALS providers shall immediately acquire a 12-Lead EKG. After acquiring the 12-Lead EKG, paramedics shall contact the FDNY OLMC facility for a transportation decision to a Cardiac Arrest Center.
 - A. If available, transmit a copy of the 12-lead EKG to the OLMC physician for review.
 - B. Transport the patient as directed by the OLMC physician.
- 5.1.3 Upon arrival at the Cardiac Arrest 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.
 - C. Transfer the patient to the hospital stretcher and obtain a signature on the PCR from the hospital receiving agent.
 - D. Provide the hospital receiving agent accepting the patient with the Hospital Copy of the PCR.
 - E. Contact OLMC after delivery of patient for follow-up.
 - F. ALS Providers shall also ensure that a copy of the ECG and 12-lead EKG are provided to the treating physician and that a copy is left along with the PCR.
- 5.2 OLMC Paramedics shall:
 - 5.2.1 At the beginning of their tour, ensure that all Cardiac Arrest and PCI Centers are able to accept patients and have not requested temporary suspension of service.

- 5.2.2 Document preliminary information for the cardiac arrest patient in the Computerized Telemetry System (CTS) program.
 - 5.2.3 If available, obtain a copy of the on scene 12-lead EKG and provide to the OLMC Physician for review and determination.
 - 5.2.4 Alert the OLMC Physician of any identified cardiac arrest patients with ROSC for potential hospital bypass. Advise the OLMC Physician which is the closest accepting Cardiac Arrest Center.
- 5.3 The OLMC Physician shall:
- 5.3.1 Review and discuss with the members the details of the case to ensure that the patient meets the criteria for direction to a Cardiac Arrest Center:
 - A. The patient must have suffered a non-traumatic cardiac arrest.
 - B. The patient must be at least eighteen (18) years of age.
 - C. The patient does not have a Do Not Resuscitate (DNR) Order. DNR orders in the pre-hospital setting are valid if they are documented using a New York State Department of Health Out-of-hospital DNR form, a bracelet or a DNR order documented on a MOLST Form.
 - D. The transport time to the nearest Cardiac Arrest Center does not exceed twenty (20) minutes beyond the time needed to reach the nearest 911 Ambulance Destination.
 - 5.3.2 If the patient does not meet the above inclusion criteria, direct the crew to transport the patient to the nearest 911 Ambulance Destination.
 - 5.3.3 Review and discuss with the members whether patient meets STEMI criteria. If the criteria are met, direct transport to the closest accepting Cardiac Arrest Center that is also certified by the New York State Department of Health as an interventional PCI Center.
 - 5.3.4 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.
 - 5.3.4 Provide medical control orders as needed pertaining to the medical management of the patient while en route to the designated transport destination.
 - 5.3.4 Establish contact with the Cardiac Arrest Center to advise them of the incoming patient, any relevant information and provide registration information to expedite unit admission.
 - A. If the patient is also a STEMI candidate, include in the notification process the relevant information (e.g., anatomic location of the ST-segment changes).

- B. For such STEMI candidates, when possible, transmit a copy of the 12-lead EKG to the designated transport destination.
- 5.3.5 Complete all appropriate documentation within the Computerized Telemetry System.
- 5.3.6 Remain available to discuss the case with the paramedic crew following the call, as necessary.

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