

# STEMI Management Guidelines for Inter-facility Transfer

## Heart Alert Criteria

1. Patients with signs & symptoms of an Acute Coronary Syndrome (ACS)\*
- **AND** -----
2. ST segment Elevation of 1mm or more in 2 contiguous leads

*If your patient does not meet Criteria 1 AND 2, a consult should be done with the receiving ED physician prior to declaring a Heart Alert.*

\*ACS Symptoms include but are not limited to chest pain/tightness; radiation to back, abdomen, arm(s), neck, jaw or any combination; dyspnea; diaphoresis; nausea/vomiting; fatigue; weakness; palpitations; indigestion; syncope; pulmonary edema.

## Fibrinolytic Guidelines

- Confirmed STEMI on 12 lead? → **NO:** patient not in STEMI guideline at this time.
- ↓ **YES:** Activate "Heart Alert" as early as possible.
- Begin fibrinolytic contraindications checklist immediately
  - a. Onset of symptoms <12 hours: administer full dose thrombolytic\* and transfer urgently to PCI Center
  - b. Onset of symptoms >12 hours: consider thrombolytic and consult with receiving facility

\*Fibrin-specific agents preferred: Tenecteplase (TNKase) or Alteplase (tPA)

### Bexar County PCI Centers

- Baptist Medical Center
- Christus Santa Rosa Westover Hills
- Methodist Hospital
- Methodist Stone Oak Hospital
- Methodist Texsan Hospital
- Metropolitan Methodist Hospital
- Mission Trail Baptist
- North Central Baptist Hospital
- Northeast Baptist Hospital
- Northeast Methodist Hospital
- San Antonio Military Medical Center
- St. Luke's Baptist Hospital
- University Hospital

### Outside Bexar Co PCI Centers

- Christus Santa Rosa New Braunfels
- Baptist Resolute Hospital (NB)
- Peterson Regional (Kerrville)

**Green County Goal: Door to Fibrinolytic in <30 minutes and urgent transfer to PCI Center**

- Counties that do not have a PCI Center: administer full dose thrombolytic

**Red County Goal: Door to PCI in <120 minutes**

- Counties with PCI Centers: consider administering full dose thrombolytic if delay in arrival to PCI Center

