



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Administrative Policies and Procedures**

**Policy No. 610.52 Issue 1**  
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**SECTION: PATIENT CARE**  
**SUBSECTION: CONTINUUM OF CARE**  
**SUBJECT: CODE STEMI**

**APPROVED BY:** \_\_\_\_\_  
ARMC Chief Executive Officer

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**POLICY**

It is the policy of the Arrowhead Regional Medical Center (ARMC) to provide a multidisciplinary, timely, and effective approach to care for patients with chest pain symptoms and with ST Elevation Myocardial Infarction (STEMI).

**PROCEDURES**

- I. Emergency Department (ED) STEMI
  - A. Walk-in or ambulance arrival with Acute Coronary Syndrome (ACS)/ STEMI Symptoms.
  - B. Troponin drawn and resulted within 60 minutes
  - C. Electrocardiogram (EKG) is obtained and read by practitioner within 10 minutes.
- II. Consider STEMI If:
  - A. Chest pain suggestive of myocardial infarction for less than 12 hours; and
  - B. ST elevation (1mm or greater) in two anatomically contiguous leads.
  - C. Or otherwise determined by a Medical Practitioner.
- III. After confirmation of a STEMI, ED staff contacts Operator to activate code STEMI.
  - A. Operator activates STEMI team.
  - B. The on-call Interventional Cardiologist will contact the ED Physician after receiving the STEMI activation page.
  - C. The on-call STEMI team will report directly to the Cardiac Cath lab within 30 minutes from time of page activation.
  - D. STEMI Team will contact ED when ready to receive Handoff.
  - E. ED registered nurse (RN) to assist with prep and transport to the Cath Lab for Primary percutaneous coronary intervention (PCI) with goal of door to device time less than or

equal to 90 minutes.

IV. Considerations for STEMI Activation/ Transfer

A. If STEMI team is unavailable for patient arrival within 30 minutes of STEMI activation:

1. Transfer to nearest STEMI receiving center for Primary PCI with goal door to device time less than or equal to 120 minutes.
2. Fibrinolytic therapy will be administered after discussion with cardiology if anticipated delays to Primary PCI as ordered.

V. Inpatient STEMI Response

A. Initial Assessment for ACS/STEMI Symptoms.

1. Activate the Rapid Response Team (RRT).
2. Perform a 12-lead EKG STAT Per Practitioner order.
3. Consider Nitroglycerin (NTG), Morphine, Oxygen (O2), Aspirin, and other adjuncts per practitioner order.
4. RRT Practitioners contact operator to activate code STEMI.

B. Code STEMI activation.

1. Operator Activates STEMI team.
2. Interventional Cardiologist contacts Rapid Response Practitioner.
3. The STEMI team will contact the Rapid Response RN to receive handoff.
4. Transport the patient to the Cath Lab for intervention.

C. Considerations for STEMI Activation/ Transfer

1. If STEMI team is unavailable, notify House Supervisor, Case Manager, and Transfer Center for higher level of care (HLOC) transfer.
2. If unable to transfer due to bed unavailability, consider Thrombolytic Therapy and Heparin Therapy per practitioner order.
3. Consider transfer of patient to the Intensive Care Unit (ICU) Per Practitioner order.

REFERENCES: N/A

DEFINITIONS: STEMI - ST Elevation Myocardial Infarction

ATTACHMENTS: N/A

APPROVAL DATE:	<u>06/25/2024</u>	<b>Cardiac Committee</b> Applicable Administrator, Hospital or Medical Committee
	<u>06/26/2024</u>	<b>Nursing Standards Committee</b> Applicable Administrator, Hospital or Medical Committee
	<u>06/26/2024</u>	<b>Patient Safety and Quality Committee</b> Applicable Administrator, Hospital or Medical Committee
	<u>07/11/2024</u>	<b>Quality Management Committee</b> Applicable Administrator, Hospital or Medical Committee
	<u>07/25/2024</u>	<b>Medical Executive Committee</b> Applicable Administrator, Hospital or Medical Committee
	<u>05/20/2025</u>	<b>Board of Supervisors</b> Approved by the Governing Body

REPLACES: N/A

EFFECTIVE: 07/25/2024

REVISED: N/A

REVIEWED: N/A