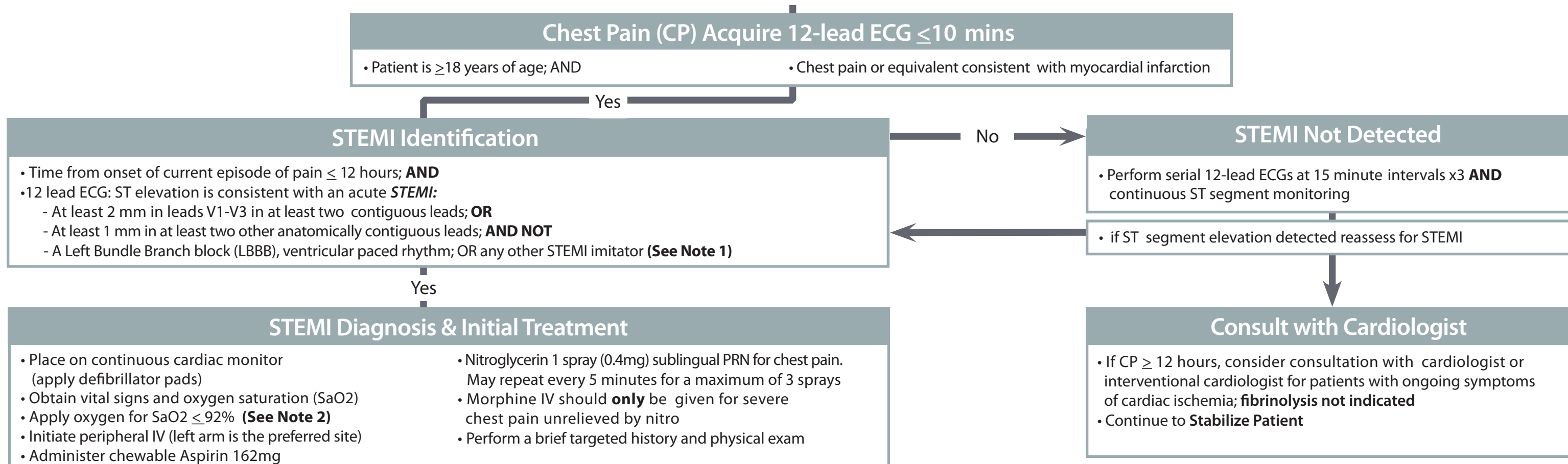
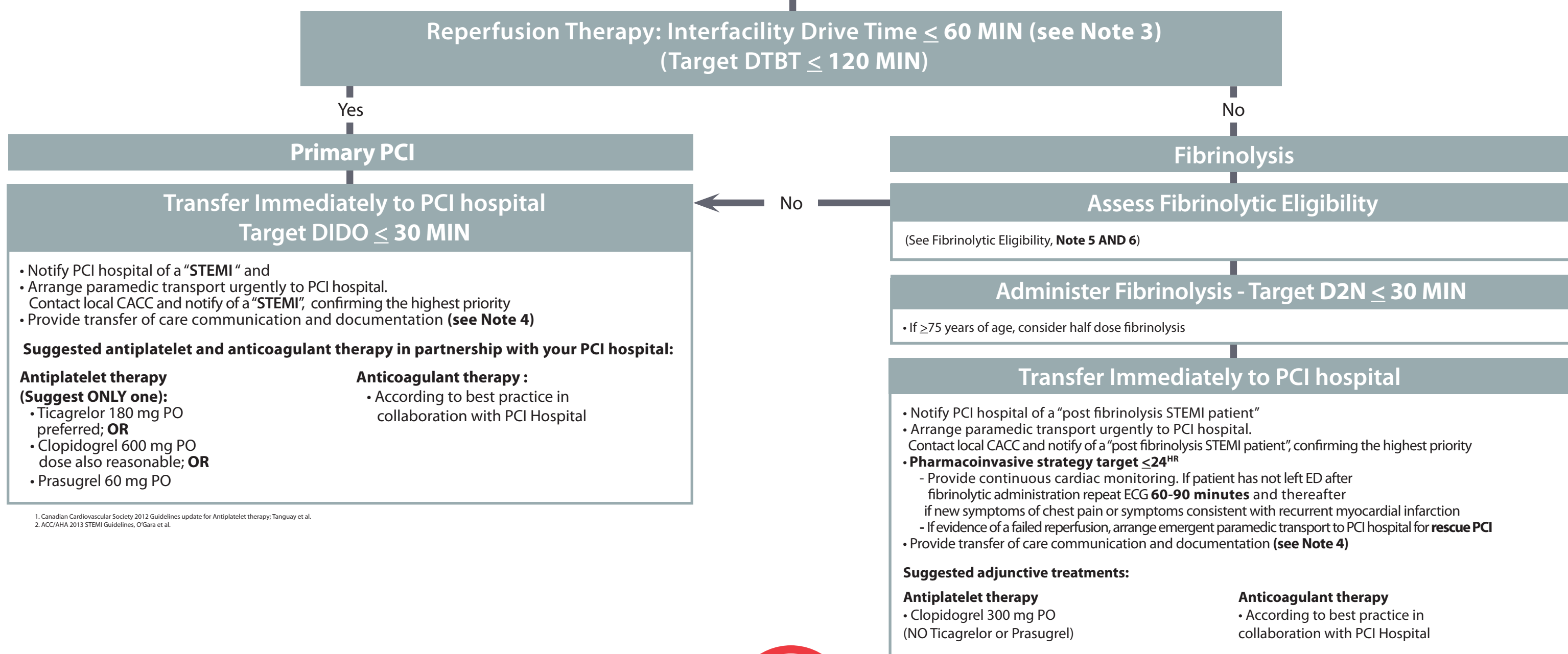




## EARLY RECOGNITION



## EARLY REPERFUSION



## ADDITIONAL NOTES



**ECG:** Electrocardiogram  
**FMC:** First Medical Contact  
**PCI:** Percutaneous Coronary Intervention  
**DIDO:** Door in Door Out  
**CACC:** Central Ambulance Communication Centre  
**D2N:** Door to Needle Time  
**DTBT:** Door to Balloon Time  
**ROSC:** Return of Spontaneous Circulation  
**ACR:** Ambulance Call Report  
**AMI:** Acute Myocardial Infarction  
**CABG:** Coronary Artery Bypass Graft

**Primary PCI:** Performing acute PCI immediately for the treatment of a STEMI as the primary form of reperfusion.

**Pharmacoinvasive PCI:** A planned PCI after fibrinolysis. Direct transfer to the cath lab is already planned at the time of fibrinolysis. The transfer to the PCI Hospital is not dependent on the response to the fibrinolysis therapy.

**Rescue PCI:** The emergent transfer post fibrinolytic administration for PCI as a mode of reperfusion after known fibrinolysis failure as evidenced by any of the following:  
 Persistent or recurrent ST elevation on 12-Lead ECG  
 Persistent or recurrent chest pain  
 Hemodynamic instability

**Reperfusion Targets:**

**DTBT  $\leq 90$  min :** primary PCI presenting directly to a PCI hospital from Field  
**DTBT  $\leq 120$  min:** presenting to a non PCI with transfer to a PCI hospital for primary PCI  
**DIDO  $\leq 30$  min:** transfers from a non PCI to a PCI hospital  
**D2N  $\leq 30$  min:** when treated with fibrinolytic administration time  
**Pharmacoinvasive strategy  $<24$  hr:** refers to the administration of fibrinolytic therapy either in the prehospital setting or at a non-PCI-capable hospital, followed by immediate transfer to a PCI hospital for early coronary angiography

**Note 1: STEMI Imitators:**

- Left bundle branch block (LBBB)
- Ventricular paced rhythm
- Pericarditis/Myocarditis
- Left ventricular hypertrophy (LVH)
- Brugada syndrome
- Benign early repolarization

**Note 2: Supplemental Oxygen Administration**

• Oxygen therapy is appropriate for patients who are hypoxic (oxygen saturation  $<90\%$ ) and may have a salutary placebo effect in others. Supplemental oxygen may, however, increase coronary vascular resistance. Oxygen should be administered with caution to patients with chronic obstructive pulmonary disease and carbon dioxide retention.

**Note 3: Factors affecting the 60 minute time recommendation may include:**

- Partnership agreement between PCI and non-PCI hospital
- External factors such as weather, road closures, etc.

**Note 4: Key Clinical Information Exchange to the Receiving Cardiologist or Interventional Cardiologist:**

- Time of symptom onset
- Qualifying ECG (copy of ECG with patient's name)
- If ROSC state time
- Hemodynamic status
- History of AMI/PCI/CABG
- Medications given and procedures
- ED records
- Paramedic ACR, if available
- Transfer of accountability form

**Note 5: Fibrinolytic Absolute Contraindication**

- Any prior intra cranial hemorrhage
- Known structural cerebral vascular lesion (e.g. arteriovenous malformation)
- Known malignant intra cranial neoplasm (primary or metastatic)
- Ischemic stroke within 3 month EXCEPT acute ischemic stroke within 4.5 hours
- Suspected aortic dissection
- Active bleeding or bleeding diathesis (excluding menses)
- Significant closed-head or facial trauma within 3 months
- Intracranial or intraspinal surgery within 2 months

**Note 6: Fibrinolytic Relative Contraindications (Discuss options with cardiologist at the PCI hospital when there is anticipated prolonged transfer time)**

- History of chronic, severe, poorly controlled hypertension on presentation (Systolic Blood Pressure  $> 180$  mm Hg or Diastolic Blood Pressure  $> 110$  mm Hg)
- History of prior ischemic stroke  $> 3$  months
- Dementia
- Known intracranial pathology not covered in absolute contraindications
- Traumatic or prolonged ( $> 10$  min) cardiopulmonary resuscitation
- Major surgery ( $< 3$  weeks)
- Recent (within 2 to 4 weeks) internal bleeding
- Noncompressible vascular punctures
- Pregnancy
- Active peptic ulcer
- Oral anticoagulant therapy