STEMI
CARDIAC ARREST
STROKE
SEPSIS
Rx SAFETY
**STEMI Checklist**

- **Obtain 12 Lead EKG**
- **Transmit EKG** to closest PCI facility
- Notify PCI facility to activate “STEMI Alert,” followed by a brief report.
- (BLS Providers should activate a “STEMI Alert” when the monitor advises)
- ***MEETS ST ELEVATION MI CRITERIA***
- If indicated, administer **Aspirin** 324mg
- Call for prompt **packaging** of the patient
- Place **defibrillator pads** on chest
- **Transport** patient
- If indicated, administer **NTG 0.4mg** every 3-5 minutes until pain subsides.
  (If EKG indicates Inferior Wall MI use NTG and opiates with caution)
- **Obtain IV access** without delaying transport
- **Update PCI facility** of patient’s condition and ETA
- **Obtain serial EKG** to document changes

**Indications to obtain a 12 Lead**
- Chest Pain (Pain, pressure, aching, vice-like tightness)
- Radiation of Pain
- Pain Location (substernal, epigastric, arm, jaw, neck, shoulder)
- Pale, diaphoresis
- Dyspnea
- Nausea, vomiting, dizziness
- Syncope
- Palpitations or Dysrhythmias
- Heart Rate Extremes - less than 50 or greater than 150
- Decreased exercise tolerance
- Elderly patients, even without any chest (or equivalent) discomfort that have new, unexplained fatigue
- Unconscious Patient (excluding cardiac arrest)

**Right Sided ECG Indications**
- ST Elevation in the Inferior Leads, II, III, and aVF
- ST Elevation in V1
- Right Bundle Branch Block
- Second- and Third- Degree AV Blocks
- Lead V2 ST Elevation Greater than 50% of the ST Depression in aVF
- Hypotension with clear lung fields

**Posterior ECG Indications**
- Convincing Story WITHOUT ST Elevation.
- Septal and Anterior (V1 to V4) ST- Depression
- R to S Wave Ratio is > 1 in V1 or V2.

**ECG STEMI Criteria**
- ≥2 mm of ST segment elevation in 2 contiguous Precordial Leads in men (1.5 mm for women)
- ≥1mm in Other Leads (2 contiguous)

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**Cardiac Arrest Checklist**

Announce Cardiac Arrest to Dispatch

Code Commander is identified

Defibrillator turned on as soon as possible, attach pads and ensure the screen is Visible to Code Commander

Metronome Turned On to maintain proper rate

Continuous Compressions with Full Recoil, minimizing pauses to less than 10 seconds

Switch compressors Every 2 Minutes

Attach ResQPOD, avoid hyperventilation

O2 cylinder with adequate oxygen is attached

Capnography Connected, waveform is present, and value is being monitored

Assess BLS Airway/BVM Compliance. Advanced airway management only without pausing compressions

Assess for Gastric distension place NG or OG Tube to correct

Obtain (2) IO access and administer NSS bolus 20 ml/kg without pausing compressions

Consider Causes:

Tension Pneumothorax

Hypovolemia

Hypothermia leading to cardiac arrest

If dialysis patient, consider Hyperkalemia

Family is receiving care and is at the patient’s side

Mask travels with bag-valve no matter what airway is in place

In cases of Refractory VF consider Double Sequential Defibrillation (DSD); after the 4th standard defibrillation has not suppressed VF.

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**Post-ROSC Checklist**

(Before moving patient)

Announce ROSC to Dispatch

Code Commander will continuously monitor femoral pulse, capnography, and EKG for 10 minutes prior to moving the patient

Remove the ResQPOD

Stop Epinephrine Bolus and obtain a blood pressure

Apply pulse oximetry and titrate SpO2 between 94 - 98%

If MAP less than 70, augment with IV NSS bolus 20 ml/kg

If MAP less than 65 after fluid bolus, consider a pressor

Obtain 12-lead ECG and Transmit ECG

Monitor continuous ETCO2 and ventilation rate if advanced airway

Mask & ResQPOD travels with BVM no matter what airway is in place

Package the patient with LUCAS in place, in case of rearrest

Elevate Head 30° - to decrease ICP

Is transporting to center capable of PCI and hypothermia possible?

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**Termination of Resuscitation Checklist**

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V.4 10.27.18
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**Obtain 12-lead ECG** and **Transmit ECG**

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**Stroke Checklist**

*Withhold Oxygen* in the absence of Hypoxia

Continuously Monitor *Capnography*

Identify *Last Known Well Time* (LKW)
- Obtain a *Phone Number* of the next of kin or witness for detailed history

Complete *B.E.F.A.S.T. Stroke Scale* & record findings
- *Positive* Stroke Scale is (1) abnormal finding

Complete *LVO RACE Assessment* - Scores of 5 or more are indicative of a Large Vessel Occlusion

Obtain *Blood Glucose Level*
- Rule out *Hypoglycemia* or *Hyperglycemia*

Package and *Transport* to a *Primary Stroke Facility*
- If possible, *Transport* with the *witness* for detailed history

*Position* the head of the stretcher at 30˚ or less

*Last Known Well Time* (LKW) less than 24 hours notify receiving hospital to activate “Stroke Alert”.

Report *Extreme Vital Signs* to receiving facility;
- Systolic BP >185 mmHg
- Diastolic BP >110 mmHg

Report if patient is on *Anticoagulation Therapy*

Obtain 12 Lead ECG & assess for Arrhythmias

Obtain *IV access* during transportation, *Right AC* is preferred using a 20G Diffusics™ or 18G Standard IV Catheter.

Escort the patient on *EMS Stretcher* to CT with hospital staff

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### Rapid Arterial Occlusions Evaluation (RACE)

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**RACE SCALE TOTAL**
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**Sepsis Checklist**

- Titrate O2 to SpO2 between 94 - 98%
- Could this be a severe Infection?
  - Consider possible source of Infection
- Evaluate patient for HEAT Criteria
- Continuously Monitor Capnography
  - levels < 32mmHg may indicate Sepsis
  - levels < 26mmHg may indicate Severe Sepsis
- Obtain Vital Signs every 5 minutes
- Obtain Blood Glucose Level
  - Rule out Hypoglycemia with altered mental status
  - Infection may cause Hyperglycemia
- Obtain (2) IV or IO access & Rapidly infuse up to NSS 30 ml/kg if;
  - SBP is <90 mmHg or
  - MAP is <65 mmHg
  - If systolic BP remains < 90 mmHg after 1000mL of NSS; start Norephrine (Levophed) 2-12 mcg/min titrate to maintain;
  - SBP > 90 mmHg or
  - MAP > 65 mmHg
  - Notify receiving hospital to activate “Sepsis Alert”

### Levophed Preparation

1) Mix 2 mg Norephrine in 1000mL Normal Saline
2) Using a 10gtts/mL drip set

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**Prehospital Sepsis Alert Protocol**

**Suspected Infection**

2 or More HEAT Criteria

- H - Hypotension - MAP less than 65
- E - ETCO₂ Less than 26
- A - Altered Mental Status
- T - Tachypnea - RR greater than 20

Start IVF Bolus

Correct Hypoxia

Sepsis Alert

**HEAT Criteria**

- Suspected Infection
- 2 or More Criteria
- Hypotension - MAP less than 65
- ETCO₂ Less than 26
- Altered Mental Status
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**SIS Protocol**

- Slurred Speech
- Extreme Shivering or Muscle Pain
- Passing No Urine in a Day
- Shortness of Breath
- "I Feel Like I Might Die"
- Skin Mottled or Discolored
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**Rx Safety Checklist**

Provider 1
(Giving the Medication)

"Cross-Check"

"I am going to give"
Dose
Drug Name
Route
Rate
Reason

If none state
"No Conindications"
Otherwise verbally verify

"Contraindications?"

"Volume?" or Quantity? for PO

State the drug concentrations.
State the volume to be administered in milliters.
Show the vial to provide 2
(Do not say "amp" or "vial")

Provider 2
(Remember “R.C.V.”)

"Ready"

Concurrence

Concurrence &
Positive Visual
Verification

"Sounds good"
"Give it"

**6 Rights of Medication Administration**

1. **Right Drug**
   - Is this the medication indicated per protocol
   - Verify the Drug's expiration date

2. **Right Dose**
   - Is this the correct dose for this illness & route
   - Verify concentration & volume using Rx guide

3. **Right Route**
   - Can this medication be given by this route?
   - Is this the correct route for this dose?

4. **Right Time**
   - Correct duration & time to administer Rx?
   - Correct frequency to administer a repeat dose?

5. **Right Patient**
   - Is this medication indicated for this patient?
   - Is there an allergy or contraindication to this Rx?

6. **Right Documentation**
   - Document the Rx admin immediately after given
   - Document in responses or reactions to the Rx
**Rx Safety Checklist**

**Provider 1** (Giving the Medication)
- "Cross-Check"
  - "I am going to give"
    - Dose
    - Drug Name
    - Route
    - Rate
    - Reason
  - Concurrence
  - "Contraindications?"
    - If none state "No Conindications" Otherwise verbally verify
  - State the drug concentrations.
    - State the volume to be administsted in milliters.
    - Show the vial to provide 2 (Do not say "amp" or "vial")

**Provider 2** (Remember “R.C.V.”)
- "Ready"
  - Concurrence
- "Volume?" or Quantity? for PO
- Concurrence & Positive Visual Verification
- "Sounds good" "Give it"

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**6 Rights of Medication Administration**

1. **Right Drug**
   - Is this the medication indicated per protocol
   - Verify the Drug’s expiration date

2. **Right Dose**
   - Is this the correct dose for this illness & route
   - Verify concentration & volume using Rx guide

3. **Right Route**
   - Can this medication be given by this route?
   - Is this the correct route for this dose?

4. **Right Time**
   - Correct duration & time to administer Rx?
   - Correct frequency to administer a repeat dose?

5. **Right Patient**
   - Is this medication indicated for this patient?
   - Is there an allergy or contraindication to this Rx?

6. **Right Documentation**
   - Document the Rx admin immediately after given
   - Document in responses or reactions to the Rx