



## **Process for EMS/ED Integration in the Care of the Acute Coronary Syndrome and Acute Heart Failure Patient**

### **Purpose**

The goal of this integration is to strengthen the relationship between EMS providers, dispatchers and United Regional to improve the care of the Acute Coronary Syndrome (ACS) and Acute Heart Failure (AHF) patient in the community. An action plan for improvement will be developed and revised as needed when completion of an objective has occurred.

The Emergency Department at United Regional is never on divert to patients with symptoms consistent with cardiac issues, stroke, or appropriate trauma patients unless the facility is experiencing a disaster rendering it incapable of accepting any patients.

1. Integrate ED with EMS for emergency assessment and community outreach opportunities.
  - a. Provide joint community education concerning ACS/AHF signs, symptoms and possible treatment options
  - b. Meetings with minutes that occur quarterly between EMS, Dispatchers and United Regional to discuss case reviews of ACS/AHF patients with documentation.
2. Integration of protocols with EMS/Dispatchers to improve outcomes for the ACS and Heart Failure patient.
  - a. Administration of ACLS protocol while in the care of EMS provider.
  - b. All patients with symptoms of ACS will have an EKG obtained and transmitted to the facility.
  - c. When suspected, STEMI EKGs will be reported to the ED as well as transmitted.
3. Provide educational opportunities for EMS, Dispatchers and United Regional to improve outcomes for the ACS and Heart Failure patient
  - a. Chest Pain Center/Heart Failure Coordinator will work closely with EMS to communicate new advances in the care of ACS/Heart Failure patients and to ensure that standards are met or exceeded.
  - b. United Regional offers combined EMS/ED training on ACS protocols and care of the Heart Failure patient.
  - c. EMS is invited to accompany an Acute MI patient to the Cath lab for observation of the procedure provided that hospital orientation is complete.
4. United Regional offers EMS a forum to understand the facility based approach to ACS/AHF.
  - a. Metrics using the ACC/AHA Guidelines for time to reperfusion (fibrinolysis or PCI for patients with STEMI arriving by EMS is tracked and shared with EMS)
  - b. EMS provides tracking time from first EKG to arrival in ED.
  - c. United Regional provides tracking time from first EMS EKG to primary PCI for performance improvement initiatives.



5. Reliable voice or data communication exist between EMS and United Regional.

**Regional Chest Pain Protocol (version adapted for basic and intermediate)**

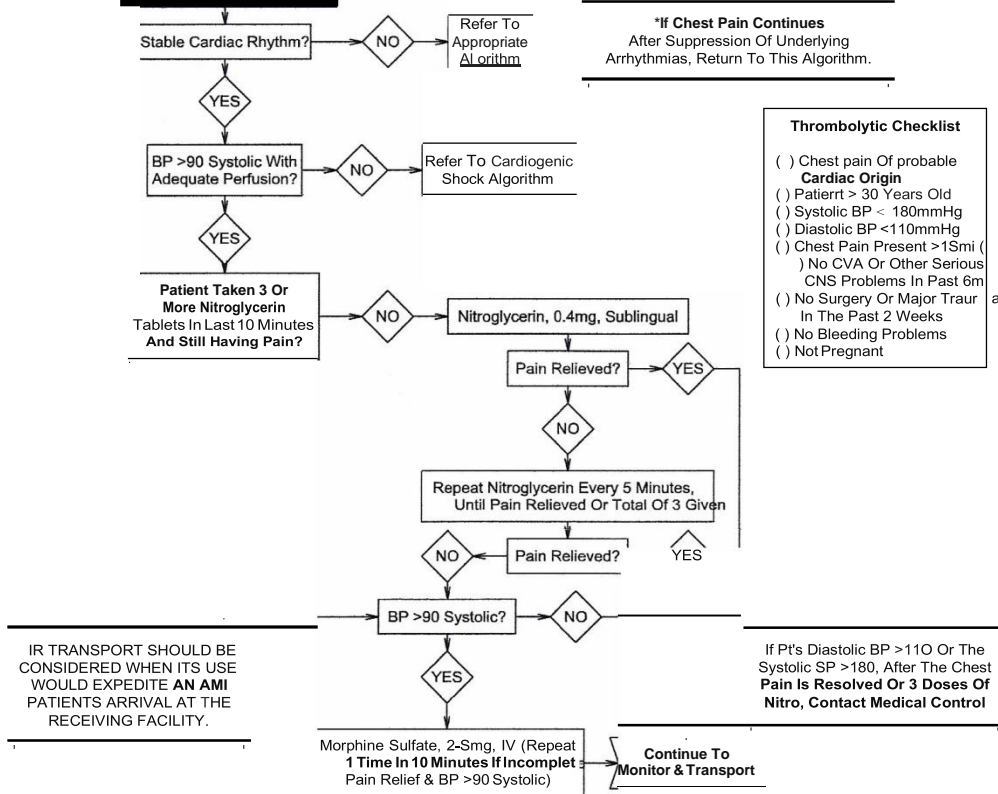
**CARDIAC CHEST PAIN  
or SUSPECTED  
MYOCARDIAL INFARCTIO**

**Paramedic J**

1. Oxygen
2. IV, NS, TKO
3. Aspirin 325mg, P.O.
4. Monitor EKG
5. 12 lead ECG (If Available)
6. Thrombolytic Checklist
7. Initiate Transport

IF EKG INTERPRETATION IS A SUSPECTED STEMI OR AMI-  
IF AVAILABLE-TRANSMIT 12 LEAD EKG TO RECEIVING FACILITY OR  
NOTIFY BY PHONE OR RADIO FOR POSSIBLE ACTIVATION.

**\*If Chest Pain Continues**  
After Suppression Of Underlying  
Arrhythmias, Return To This Algorithm.



**Thrombolytic Checklist**

- Chest pain Of probable Cardiac Origin
- Patient > 30 Years Old
- Systolic BP < 180mmHg
- Diastolic BP < 110mmHg
- Chest Pain Present > 15mi ( ) No CVA Or Other Serious CNS Problems In Past 6m
- No Surgery Or Major Trauma In The Past 2 Weeks
- No Bleeding Problems
- Not Pregnant

IR TRANSPORT SHOULD BE CONSIDERED WHEN ITS USE WOULD EXPEDITE AN AMI PATIENTS ARRIVAL AT THE RECEIVING FACILITY.

If Pt's Diastolic BP > 110 Or The Systolic SP > 180, After The Chest Pain Is Resolved Or 3 Doses Of Nitro, Contact Medical Control