



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: Transport of Patients to a STEMI Center
	Section: Transportation
	Approved: EMS Medical Directors Consortium
	Effective: January 18, 2019

TRANSPORT OF PATIENTS TO A STEMI CENTER

- I. Patients that meet STEMI Center field triage criteria as listed (see attachment 1) should be transported to the closest STEMI center.

- II. In the event the closest STEMI center is on ALS bypass, the “T+5 minute” rule should be followed, i.e. if the transport time to the next closest STEMI center is greater than an additional 5 minutes, the patient should be transported to the STEMI center on ALS bypass (see Notification and Monitoring of Hospital Resource Limitation(s)/Ambulance Bypass policy, VI).

Patients meeting STEMI center field triage criteria as listed (see attachment 1) should not be transported to a STEMI center which has notified Region 11 Base Stations regarding a temporary cardiac cath lab resource limitation; they should instead be transported to the next closest STEMI center.

Attachments:

1. STEMI Center Field Triage Criteria
2. List of STEMI Centers



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Attachment 1

STEMI CENTER FIELD TRIAGE CRITERIA

The following patients should be transported to a STEMI center:

- I. Patients with ST-Elevation Myocardial Infarction (STEMI) criteria on 12-lead ECG:
 - A. Computer interpretation of 12-lead is any of the following:
 1. *****ACUTE MI*****
 2. *****ACUTE MI SUSPECTED*****
 3. *****MEETS ST ELEVATION MI CRITERIA*****
 - B. Paramedic interpretation of 12-lead ECG as STEMI (ST elevation of 1 mm in at least two contiguous leads).
 - C. Base station ECP interpretation of transmitted 12-lead ECG as STEMI.
- II. Patients with suspected acute coronary syndrome without STEMI on ECG, that require the capabilities of a STEMI center based on Paramedic or Base Station judgement.
- III. Patients with any of the following arrhythmias:
 - A. Wide complex tachycardia
 - B. Symptomatic bradycardia with high grade AV block (2nd or 3rd degree heart block)
 - C. Symptomatic bradycardia requiring transcutaneous pacing
- IV. Cardiac arrest patients with ROSC or if/when decision is made to transport to the hospital with ongoing resuscitation.



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Attachment 2

STEMI CENTERS

As of February 8, 2021

HOSPITAL NAME

Christ Medical Center (Advocate)
Community First Medical Center
Humboldt Park Health (formerly Norwegian American Hospital)
Illinois Masonic Medical Center (Advocate)
Lutheran General Hospital (Advocate)
John H. Stroger, Jr. Hospital of Cook County
Little Company of Mary Hospital and Health Care Centers (OSF HealthCare)
Loyola University Medical Center
MacNeal Hospital
Mt Sinai Hospital
Northwestern Memorial Hospital
Resurrection Medical Center - Chicago (AMITA Health)
Rush University Medical Center
Saint Francis Hospital - Evanston (AMITA Health)
Saint Joseph Hospital - Chicago (AMITA Health)
Saint Margaret (Franciscan) (Indiana)
Saints Mary & Elizabeth Medical Center - Saint Mary Campus (AMITA Health)
Swedish Hospital (part of NorthShore)
Trinity Hospital (Advocate)
University of Chicago Medical Center
University of Illinois Hospital & Health Sciences System
Weiss Memorial Hospital
West Suburban Medical Center