

# STEMI BYPASS FLOW CHART

(Revised: February 2016)



Identify STEMI patient via:

- 12-lead ECG: **ST elevation in  $\geq 2$  contiguous leads** ( $\geq 1$ mm in limb leads, and/or  $\geq 2$ mm in chest leads) AND
- appropriate clinical evidence (e.g. pain, diaphoresis, SOB, etc)

Acquire and print 12-lead ECG

Take photos of 12-lead **AND** report and send to [ECG Image 'group'] contact on iPhone

**Continue treatment.**  
**Complete heparin checklist.**

Phone call received from STEMI Doctor within 10 minutes of image being sent?

**NO**

Check message successfully sent. If not, resend.

Telephone [STEMI Doctor] contact on iPhone \*

Voice contact?

**YES**

Phone handover (see Heparin Checklist) with STEMI Doctor.  
Confirm if Catheter Lab being activated.

**NO**

**STEMI Doctor not activating Catheter Lab:**

proceed to closest hospital –  
treat patient according to normal ACTAS guidelines (i.e. no heparin)

**STEMI Doctor activating Catheter Lab:**

proceed to TCH –  
treat as per normal ACTAS guidelines,  $\pm$  heparin as discussed

**No voice contact with STEMI Doctor (or unable to reach agreement)?**

proceed to TCH –  
treat as per normal ACTAS guidelines,  $\pm$  heparin as per checklist

Ambulance to radio TCH ED to alert them of STEMI patient and time to hospital

On arrival at TCH ED:  
ensure timely handover to triage, and await bed allocation in ED / direct to catheter lab.

**\* REMEMBER:** phone forwarding cascade may take around 30 rings of receiving phone/s.  
If calling STEMI Doctor, you may need to stay on the line for this period. Be patient!