VANDERBILT UNIVERSITY
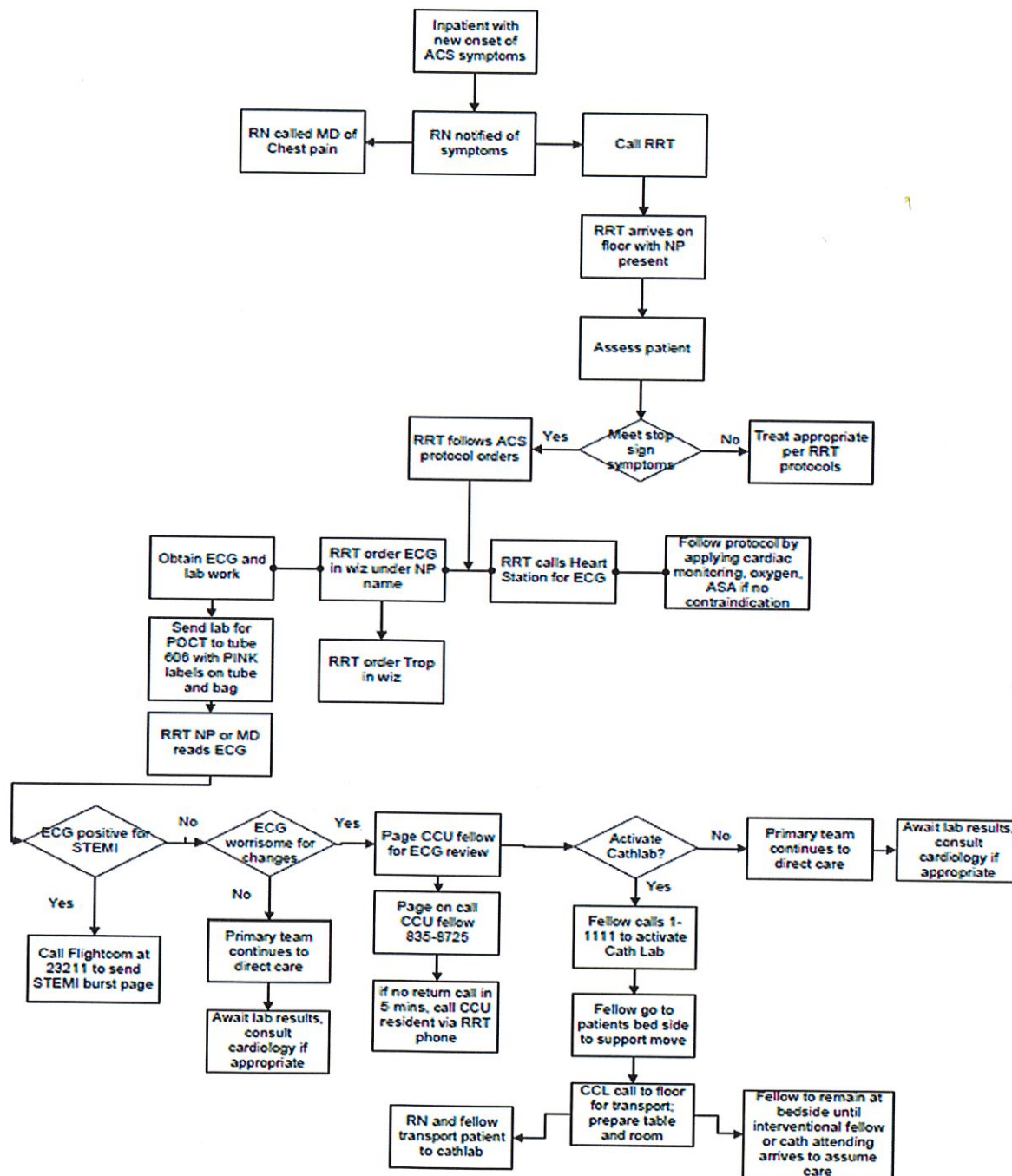## MEDICAL CENTER
DIVISION OF TRAUMA & SURGICAL CRITICAL CARE

Algorithm for Activating an In-house STEMI

Inpatient with new onset of ACS symptoms

RN called MD of Chest pain ← RN notified of symptoms → Call RRT

RRT arrives on floor with NP present

Assess patient

Meet stop sign symptoms — Yes → RRT follows ACS protocol orders

Meet stop sign symptoms — No → Treat appropriate per RRT protocols

Follow protocol by applying cardiac monitoring, oxygen, ASA if no contraindication

RRT calls Heart Station for ECG

RRT order ECG in wiz under NP name

Obtain ECG and lab work

RRT order Trop in wiz

Send lab for POCT to tube 606 with PINK labels on tube and bag

RRT NP or MD reads ECG

ECG positive for STEMI — No → ECG worrisome for changes

ECG positive for STEMI — Yes → Call Flightcom at 23211 to send STEMI burst page

ECG worrisome for changes — Yes → Page CCU fellow for ECG review

ECG worrisome for changes — No → Primary team continues to direct care → Await lab results, consult cardiology if appropriate

Page on call CCU fellow 835-8725

if no return call in 5 mins, call CCU resident via RRT phone

Activate Cathlab? — No → Primary team continues to direct care → Await lab results, consult cardiology if appropriate

Activate Cathlab? — Yes → Fellow calls 1-1111 to activate Cath Lab

Fellow go to patients bed side to support move

CCL call to floor for transport; prepare table and room

RN and fellow transport patient to cathlab

Fellow to remain at bedside until interventional fellow or cath attending arrives to assume care