



HUDSON VALLEY REGIONAL
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Date: February 8, 2010

To: All ALS Services and Medical Control Facilities

From: Pamela Murphy, M.D.
HVREMAC Chair

RE: STEMI Advisory

At its January 11, 2010 meeting, the Hudson Valley Regional Medical Advisory Committee (HVREMAC) members in attendance unanimously voted to approve an advisory that was developed in concert with the American Heart Association and resulted in modification to the Hudson Valley Regional Advanced Life Support (ALS) Protocols Adult Medical Protocol (AMP) - 9 entitled *Suspected Myocardial Infarction*. These changes included clinical evaluation of patient ECG for ST segment elevation and transport criteria to PCI capable receiving facilities. On Monday, February 1, 2010, the Hudson Valley Regional EMS office received confirmation from the NYS DOH, Bureau of EMS that the changes to the protocol require the State Emergency Medical Advisory Committee's (SEMAC) and the State Emergency Medical Services Council's (SEMSCO) approval.

In the interest of due process we must withdraw the advisory. Until further notice, we ask that all ALS providers and Medical Control facilities continue to use the algorithm established in AMP-9 previously approved and released in the 2008 version of the Hudson Valley Regional ALS protocols.

In the interim, we will be proceeding with the State protocol approval process to ensure that the standards of practice in the Hudson Valley Region are the most current. We invite hospitals, EMS agencies, and providers to participate in this process.

Please contact the Hudson Valley Regional EMS office with any questions in this regard.



Hudson Valley Regional Emergency Medical Services Council, INC.
Advanced Life Support Protocol Manual
Adult Medical Protocol-9
(AMP-9)
Suspected Myocardial Infarction



CC/P

1. If chest pain is present and the patient is otherwise stable (SBP >100)
 - a. Nitroglycerin 0.4mg SL or spray
 - b. May be repeated every 5 minutes if symptoms are unrelieved and the vital signs remain stable.
2. Aspirin (2) 81mg tablets chewed (total dose of 162mg)
3. Obtain 12-lead EKG whenever possible. If 12-lead EKG indicates ST-elevation of 1mm or more in two or more leads, initiate Thrombolytic Checklist as appropriate and contact Medical Control.

STOP EMT-CC/P's Stop Here. Contact Medical Control.

CC/P

Medical Control Options

Nitroglycerin	0.4mg SL every 5 minutes if vital signs remain stable
Nitroglycerin Ointment 2%	½"-2" to chest wall
Morphine Sulfate	2-5mg IV slow push. Can be repeated up to a maximum of 15mg
Lidocaine	1mg/kg slow IVP
Lidocaine	0.5mg/kg IV bolus may be repeated 2-5 minutes after the initial bolus
Lidocaine	infusion at 2-4mg/min
Aspirin	1-4 81mg tablets chewed
Naloxone	0.4-2mg IVP

P

Medical Control Options

Metoprolol	5mg IV every 5 minutes to a maximum of 3 doses (15mg) provided heart rate remains greater than 60bpm and systolic BP remains greater than 100 mmHg
Promethazine Hydrochloride	12.5mg-25mg IV

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Hudson Valley Regional Emergency Medical Services Council, INC.
Advanced Life Support Protocol Manual
Adult Medical Protocol-9 (Continued)
(AMP-9)



Thrombolytic Checklist for ST-Elevation Myocardial Infarction

Inclusion Criteria:

- Patient 18 years of age or older
- Patient presents with chest pain or anginal equivalent
- EKG confirmation of Acute Myocardial Infarction (ST-elevation of 1mm or more in two or more leads)
- Duration of symptoms is less than 6 hours

Absolute Contraindications:

- Previous hemorrhagic stroke at any time
- Other stroke or cerebrovascular events within past year
- Known intracranial neoplasm, arteriovenous malformation, or aneurysm
- Active internal bleeding (menses is NOT a contraindication)
- Suspected aortic dissection
- Severe uncontrolled hypertension (Systolic BP greater than 200, diastolic greater than 120 mmHg)
- Intracranial or intraspinal surgery or trauma within previous 2 months

Relative Contraindications:

- Hypertension: systolic BP greater than 180 mmHg and/or diastolic BP greater than 110mmHg
- History of cerebrovascular accident or other intra-cerebral pathology
- Current use of anticoagulants (e.g. Coumadin)
- Known bleeding disorders
- Recent trauma in past 2-4 weeks, including head trauma
- Recent major surgery or puncture or non-compressible vascular site
- Recent internal bleeding in past 2-4 weeks
- Active peptic ulcer
- History of chronic hypertension
- High likelihood of left heart thrombus (e.g. mitral stenosis with atrial fibrillation)
- Acute pericarditis
- Subacute bacterial endocarditis
- Hemostatic dysfunction
- Diabetic hemorrhagic retinopathy or other hemorrhagic ophthalmic conditions
- Septic thrombophlebitis or occluded AV cannula at seriously infected site
- Recent administration of GP 2b/3a inhibitors
- Very elderly, e.g. age greater than 75 years, at increased risk of intracranial hemorrhage

High Risk Patients:

- Patient presents with Tachycardia (≥ 100 bpm)
- Patient presents with Hypotension (Systolic BP ≤ 100 mmHg)
- Patient presents with signs of Shock
- Patient presents with signs of Pulmonary Edema