

# CLINICAL UPDATE

11<sup>th</sup> November, 2021

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## PPCI referral Criteria

The below update is to serve as a reminder and point of reference for the agreed bypass criteria to the nearest PPCI centre. If your patient is suffering from the below signs and symptoms, then this is a commissioned pathway whereby you can provide a pre-alert and bypass the nearest Emergency Department (if it is a different hospital) to transport directly to definitive care at the nearest receiving PPCI centre.

If your patient meets these criteria below, the relevant PPCI centre should be alerted using the ATMISTER format. It is important to note that this is a commissioned pathway. If a patient meets the criteria, then it is accepted that they will be taken to the PPCI centre. There should be no discussion beyond what is required for the pre alert, beyond, for example providing the patient's name and date of birth where this may provide access to details of previous treatment.

## Inclusion Criteria

- Symptoms indicative of an acute myocardial infarction (MI) within the last 12 hours AND with the following electrocardiogram (ECG) changes:
  - ST segment elevation >1mm in contiguous limb leads or >2mm in contiguous chest leads
  - Left Bundle Branch Block (LBBB) believed to be new in the context of acute chest pain likely to be cardiac in origin
  - Patients resuscitated from cardiac arrest with ECG criteria as above

Consideration should also be given to patients with

- True posterior MI – ST depression V2-V3 and dominant R waves
- ECG criteria for STEMI but ongoing cardiac chest pain of greater than 12 hours duration

## Patients with reduced level of consciousness or following cardiac arrest

- Patients with STEMI and reduced levels of consciousness are still eligible for PPCI and should still be transferred to the nearest PPCI centre. EEAST should alert the PPCI centre that the patient has reduced level of consciousness (this will enable the PPCI centre to pre-alert their anaesthetic team).
- Patients fully resuscitated from cardiac arrest with spontaneous respiration at the scene with ECG criteria for STEMI are eligible and should be transferred to the nearest PPCI centre
- If the patient requires respiratory support the PPCI centre should be contacted and informed in advance to confirm availability of ITU support

## CLINICAL UPDATE

### PPCI referral Criteria, continued

- All eligible patients should be taken to the nearest PPCI centre; if this centre has no ITU beds then it is the responsibility of that PPCI centre to locate an ITU bed following the PPCI
- Other patients post-cardiac arrest (i.e. without STEMI) can be discussed with the nearest PPCI centre for consideration of emergency angiography

### Unsuitable patients include:

- Other obvious cause for arrest
- Poor patient comorbid status prior to cardiac arrest (unsuitable for ITU admission)
- Patients with very low chance of survival who might therefore be unsuitable include:
  - Unwitnessed cardiac arrest
  - Late arrival of a pre-hospital team without lay basic life support (>10 minutes)
  - Presence of an initial non-shockable rhythm
  - 20 minutes of advanced life support without ROSC
  - Severe

### acidosis Exclusion

#### Criteria

- Evidence of significant, active bleeding
- Paced ECG or Left Bundle Branch Block (LBBB) on ECG in a clinical picture not suggestive of acute myocardial infarction
- Cardiac arrest patients whose ECG does not meet criteria for STEMI

It is important to note that there is no agreed or governed system in place to allow PPCI staff to provide clinical advice or to discuss patient care, in situations where the patient does not meet the criteria detailed above, with EEAST clinicians.

ALL clinical advice in such instances **MUST** be sought through the **EEAST CAL line on 01234779203**.