

Cardiac Chest Pain and STEMI (CP/STEMI) Documentation

For your ePCR to be classified as a **Cardiac Chest Pain Patient**, one or more of the following must be true:

- Provider Primary or Secondary Impression indicates Cardiac Chest Pain (documented via **Patient Assessment → Symptoms Impression**)
 - CV- Chest Pain – Angina (I20.0)
 - CV- Chest Pain - Presumed Cardiac (I20.9)
 - CV- Chest Pain - STEMI (I21.3)
 - CV- Chest Pain - Non-STEMI (I21.4)
 - CV- Acute myocardial infarction (AMI), unspecified (I21.9)
 - Chest pain (unspecified) (R07.9)

 - *The following codes are accepted (including all sub-codes): I20-I25, R07.9*
 - *Please note that the following are NOT included as cardiac chest pain:*
 - *Pain - Chest (presumed non-cardiac) (R07.89)*
 - *Injury - Thorax (upper chest) (S29.9)*

For your ePCR to be classified as a **STEMI Patient**, one or more of the following must be true:

- Provider Primary or Secondary Impression indicates STEMI (documented via **Patient Assessment → Symptoms Impression**)
 - CV- Chest Pain - STEMI (I21.3) (*I21.0-I21.2 are also accepted*)
- Destination Team Pre-Arrival Alert or Activation (eDisposition.24) is "4224013 Yes - STEMI"
- Cardiac Rhythm / Electrocardiography (ECG) (eVitals.03) is one of the following:
 - 9901051 - STEMI Anterior Ischemia
 - 9901053 - STEMI Inferior Ischemia
 - 9901055 - STEMI Lateral Ischemia
 - 9901057 - STEMI Posterior Ischemia
 - 9901058 – STEMI Septal Ischemia

QI Measures for Cardiac Chest Pain and STEMI patients

1. Aspirin Administration (% of all CP/STEMI patients age ≥35)- **Must document in Medications section with time administered noted**
2. 12-lead performed (% of all CP/STEMI patients age ≥35)- **Must document under Vitals with time noted**
3. 12-lead done within 10 minutes of EMS arrival (% of CP/STEMI patients age ≥35 where 12-lead done)
4. On-scene time <15 minutes (% of all STEMI patients age ≥35)
5. STEMI alert to hospital < 10 min from STEMI positive ECG (% of transported STEMI patients age ≥35 with STEMI positive ECG)- **Document under transport/destination info → hospital activation. NOTE: A patient radio or cell phone report to the ED notifying them of suspected STEMI is considered an Alert/Activation regardless of hospital protocols.**

12-Lead ECG Documentation

- ❖ Enter a 12-Lead, Rhythm, and Time Performed via Vitals section of the ePCR (under Provider actions)

- Date/time vital signs Taken
- Obtained prior = NO
- Cardiac Rhythm/ECG Interpretation
- ECG Type
- Method of interpretation

- ❖ You may also document the 12 Lead in the Procedures section of the Form (under Provider actions) HOWEVER, there is no place to put Cardiac Rhythm/interpretation under Procedures- you must also document in Vitals

- Date/time procedure performed
- Procedure done prior= NO
- Procedure=CV-ECG-12 Lead Obtained
- Number of procedure attempts=1
- Procedure successful=Yes
- Complication=None, Response=Unchanged

OTHER OPTIONS:

Enter via medical device connection (Test to ensure that information comes into the Vitals section of the ePCR)

Enter via **12-Lead Power Tool**: Allows you to enter both the Procedure & the Vital sign information

STEMI Alert to hospital

- ❖ Enter via Form (Transport/Destination Info→ Hospital Activation)
- ❖ Enter the date/time that you alerted the ED of an incoming STEMI patient
- ❖ A patient radio or cell phone report to the ED notifying them of suspected STEMI is considered an Alert/Activation regardless of hospital protocols.
- ❖ This field is to document the EMS activity, not the hospital's response

Hospital Activation

Hospital Designation: [v] [list] [minus]

Hospital Team Activations

+ Add

Destination Team Pre-Arrival Alert or Activation:

STEMI [v] [list] [minus]

Date/Time of Destination Prearrival Alert or Activation:

10/25/2022 15:15:00 [clock] [minus]

Medication Administration

- ❖ Enter via Form (Provider actions→ Medications) or Meds PowerTool
- ❖ DO NOT document medications in the narrative only!!!!

Medication

+ Add Another [OK] [Cancel]

Date/Time Medication Administered: 10/25/2022 12:19:35 [clock] [minus]

Medication Administered Prior to this Units EMS Care: [No] [Yes] [minus]

Medication Crew (Healthcare Professionals) ID: GRAHAM, SHARI [v] [list] [minus]

Role/Type of Person Administering Medication: Paramedic [v] [list] [minus]

Medication Given: Aspirin [v] [list] [minus]

Medication Administered Route: [v] [list] [minus]

Medication Dosage: [!]

Medication Dosage Units: [!]

Response to Medication: [!] Improved [Unchanged] [Worse] [minus]

Medication Complication: [!] Find a Value... [list] [minus]

USE PERTINENT NEGATIVE VALUES where needed

Not Applicable	Not Recorded	
Contraindication Noted	Denied By Order	Medication Allergy
Medication Already Taken	Refused	Unable to Complete