

**Do 12 lead ECG as soon as possible and within 10 minutes of arrival**

ST elevation in 2 or more leads of the same group\*?  
or possible posterior MI?  
(\*see next page for identification guidance)

No

- Take to local ED (if unsure, contact CCD – Talkgroup 16)
- Administer aspirin and GTN as per JRCALC
- Keep 12 lead ECG electrodes on, stay alert for Lifepak printouts indicating ST changes and monitor until handover. Print out ECG regularly.
- Re-transmit to pPCI if ST elevation develops at any time until handover. Convey to pPCI destination if accepted.

Yes

**Transmit to closest pPCI centre with follow-up phone call (see Service Finder for closest). Call CCD for decision if transmission fails or if you need advice**

Not Accepted

Accepted

**Convey as soon as possible.  
DELIVER CARE BUNDLE EN ROUTE**

**Paramedic**

**DO NOT wait for back-up unless unable to extricate patient.  
Minimise patient exertion (use chair or trolley where possible)**

**Non-Paramedic**

Administer  
Ticagrelor

Use  
entonox for pain relief

**DURING TRANSIT**

Do not routinely apply defib pads. Take defib and response bag to cath lab and **MONITOR VIA 12 LEAD THROUGHOUT JOURNEY UNTIL HANDOVER**

**STEMI Care Bundle**

- Aspirin
- GTN
- 2 pain scores
- Appropriate analgesia
- See JRCALC for further advice (Acute Coronary Syndromes)