Washington State Department of Health

Hospital Emergency Response Guideline
For Acute Coronary Syndrome (ACS)
LEVEL I Cardiac Center

Purpose: To ensure hospital preparedness when receiving ACS patients while limiting unnecessary use of hospital resources.

1. **Cardiac Activation**: To be used for STEMI, CPA-ROSC from presumed ischemic heart disease, and patients with hypotension or pulmonary edema, i.e., patients who meet the Immediate Field Criteria on the Prehospital Cardiac Triage Destination Procedure.

   All necessary components of the hospital-based emergency response to ACS should be initiated as soon as notified by EMS of an impending transport of these major ACS patients.

   These components should include the following, according to the receiving hospital's scope of capability:

   a. Identify primary nurse and physician who will meet the patient upon arrival.

   b. Identify most appropriate available bed in ER/cath lab to receive patient.

   c. Open cath lab. If not immediately available consider redirecting patient transport to another Level I Cardiac Center if capable of a more timely cath lab evaluation.

   d. Recruit cardiologist to respond to ER or cath lab.

   e. Prepare for initiation of therapeutic hypothermia for appropriate CPA-ROSC patients.

   f. Recruit additional team members as resources allow and are required to provide immediate care according to the level of categorization of the hospital. These may include but are not limited to the following:

      - Respiratory Therapist
      - Pharmacist
      - Radiology Technician
      - EKG Technician
      - Intensivist

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2. **Cardiac Alert** (UA/NSTEMI) and patients who have a prehospital high risk score of FOUR or greater on the Prehospital Cardiac Triage Destination Procedure.

   These patients should receive an immediate evaluation by the in-house elements of the cardiac team to further evaluate the possibility of a time-critical ACS being responsible for the patient's symptoms.

   The components of this initial response need not include activation of the cath lab or recruitment of a cardiologist. Response should include the following within the scope of capability of the receiving hospital:

   a. Identify primary nurse and physician who will meet the patient upon arrival.

   b. Identify most appropriate available bed in ER to receive patient.

   c. Recruit additional team members such as resources allow and are required to provide for the rapid evaluation and immediate care of the patient. These may include but are not limited to the following:

      - Radiology Technician
      - EKG Technician
      - Lab Technician

   d. Prepare to initiate ACS 'rapid rule out' pathway.

The intent of this guideline is to ensure a comprehensive response to obvious critical ACS patients while avoiding excessive recruitment of resources for patients who need further, but *immediate*, evaluation to determine the likelihood that their symptoms are from ACS. Once that determination is made, additional personnel and interventional capabilities should be recruited as appropriate to the patient's needs.