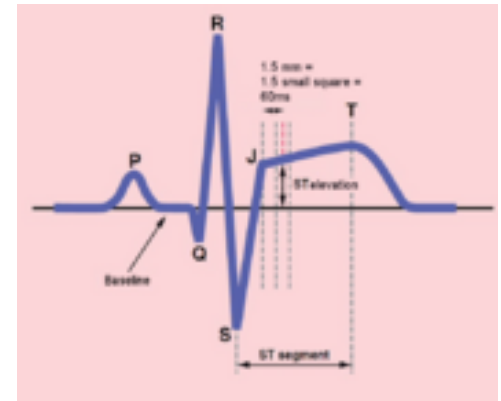


# Code STEMI

## STEMI Criteria: (must have both)

1. ST elevation of  $\geq 1\text{mm}$  in two or more contiguous leads
2. Presence of cardiac symptoms



<b>I</b> Lateral	<b>aVR</b>	<b>V<sub>1</sub></b> Septal	<b>V<sub>V</sub></b> Anterior
<b>II</b> Inferior	<b>aVL</b> Lateral	<b>V<sub>II</sub></b> Septal	<b>V<sub>X</sub></b> Lateral
<b>III</b> Inferior	<b>aVF</b> Inferior	<b>V<sub>III</sub></b> Anterior	<b>V<sub>L</sub></b> Lateral

## Reciprocal Changes:

Reciprocal Changes are **not** always present with a STEMI, however they strongly suggest a STEMI. Not required to active Code STEMI

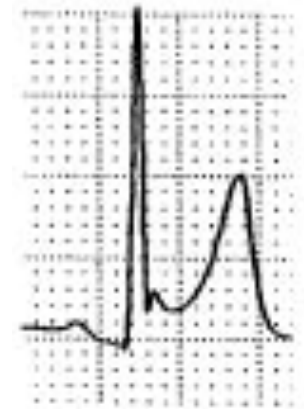
## Information to provide the ED during call-in:

- The **patient meets STEMI criteria\*\*\***, following EKG changes noted...
- Name of the **patient's Cardiologist**, or state if they do not have one
- **Vital signs** & additional pertinent information
- Estimated time of arrival

## STEMI Imitators (Non Acute-MI causes of ST-elevation)

### Benign Early Repolarization

- Healthy, asymptomatic patients, often young males
- J point elevation, may have notch at end of QRS “fish hook” shape
- Concave upward toward t-wave
- ST elevation seen throughout EKG, not just in contiguous leads
- No reciprocal changes



**When to suspect STEMI:**

**BER** → reciprocal changes present

# STEMI Imitators (Non Acute-MI causes of ST-elevation)

**Bundle Branch Block** = QRS width > 0.12, supraventricular  
LBBB or RBBB? Look at V1 to identify

## LBBB:

To the left of the  
J-Point is **down**  
in V1



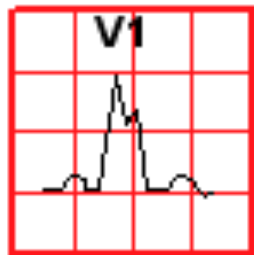
## When to suspect **STEMI**:

LBBB → Sgarbossa Criteria

1. Concordant ST Elevation  $\geq 1$  mm  
or
2. ST segment depression  $\geq 1$  mm in lead V1, V2, V3

## RBBB:

To the left of the  
J-Point is **up**  
in V1



## When to suspect **STEMI**:

RBBB → concordant ST elevation

# STEMI Imitators (Non Acute-MI causes of ST-elevation)

**LVH** = increased amplitude

To identify:

- Find the larger S wave in V1 & V2, count the boxes
- Find the larger R wave in V5 & V6, count the boxes
- Add the two, **if sum is > than 35**, suspect LVH

**When to suspect STEMI:**

LVH → concordant ST elevation

## **Pericarditis**

- Chest Pain “sharp”, affected by movement, respiration, position
  - Pain may decrease when pt leans forward
- Diffuse, generalized ST elevation throughout EKG
- PR depression
- No reciprocal changes

**When to suspect STEMI:**

**Pericarditis** → reciprocal changes present

