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NAEMSP Position Statement on the Prehospital Management of Acute Myocardial Infarction

Revised: May 14, 2007

Emergency medical services (EMS) care for patients with acute ST-segment elevation myocardial infarction (STEMI). The National Association of EMS Physicians recommends:

- Advanced life support EMS providers and units should have the appropriate training, equipment and protocols to facilitate early identification and initial care of patients with STEMI.
- Prehospital 12-lead electrocardiograms should be used, whether interpreted by paramedics, direct medical oversight physicians or other methods, as they facilitate early STEMI diagnosis.
- EMS systems should be integrated with community and regional cardiac care programs to optimize the organization of STEMI care. This may include the transport of selected patients to centers capable of primary percutaneous coronary intervention (PCI) and, in individual systems and circumstances with appropriate training and medical oversight, the prehospital administration of fibrinolytic agents and adjunctive therapy.
- Prehospital EMS communications should be integrated with community and regional cardiac care programs (including early receiving facility notification) to expedite the delivery of STEMI care.
- EMS systems, in cooperation with community and regional cardiac care programs, should undertake quality assurance and improvement measures in the care of STEMI patients.