

Central East Prehospital Care Program

MEMORANDUM

TO: All York Paramedics

FROM: Dr R. Vandersluis
Chair, Medical Advisory Committee

DATE: June 17, 2009

RE: STEMI bypass update #3

It has been nearly 18 months since the inception of the STEMI bypass program. In that time more than 75 patients have been bypassed for Primary PCI at Southlake – well done! Along the way, we have had to make modifications to the program and have done so successfully. It is time to ask for your help with another small change.

Effective July 1st, 2009, the directive is being expanded to include ALL patients in York region! The only boundaries to the directive will be York's geographic boundaries. Please see the attached revision for the specific wording.

Another question has recently been brought forward regarding the application of the STEMI bypass in the setting of DNR/Advanced Directives/Dementia. These issues relate to both Advanced Care and Primary Care Paramedics.

The scenario: You are called for an elderly patient with ischemic chest pain and a history of dementia. The patient is deemed able to answer questions appropriately and it is determined in conjunction with the 12 lead that the patient is experiencing an acute MI. You are then presented with a DNR for the patient specifying that no ACLS treatment be administered.

The question: what should be done in this setting?

Based solely on the medical directive – the patient met the requirements to bypass, but there are more things to consider:

DNR – in and of itself, a DNR is not an exclusion to the application of the bypass, nor any other directive save those of cardiac arrest. Truly, a DNR is only applicable once the patient is pulseless and breathless.

Advanced Directives – These tend to exist primarily in long term care facilities and are akin to the DNR but for the living patient. Since there is no standard for these “directives” they must be carefully examined to understand the breadth and scope of the things requested or to be excluded from care. In particular, if a patient has expressed they do not want to undergo invasive procedures they should not be bypassed (this should normally be included in the documentation) .

Other – Cognitive impairments (eg Dementia) make it difficult to assess the patient and truly diagnose the current complaint. But, as is often the case, it is not only their ability to communicate that impacts our decision making, but also their ability to cooperate and follow instructions (such as lie flat, remain still and not to touch the IV, etc) which could put the patient and staff at significant risk during a procedure.

Lastly, remember that a decision to bypass has significant ramifications. An ambulance is often taken out of its area, coverage can be altered, coordination in the lab is affected and in the off hours hospital staff must come in from home. Finally, each crew must treat each patient as a unique event and determine what is best (both benefit and risk) for that patient by taking all factors into consideration.

In summary, this program continues to perform very well and while we have once again modified the directive it is with the best of intentions.

Please contact our office should you have additional questions or concerns.