



## Advisory 23-02: STEMI's and Defibrillation Pads

To: All ALS Agencies

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This office has recently been made aware of instances in which prehospital practitioners were caring for a STEMI patient, and during that care – either in the field or while entering the ED – the patient went into pulseless ventricular tachycardia or ventricular fibrillation. As patients did not have defibrillation pads in place, there was an avoidable delay in time to first shock.

As a reminder, the MLREMS Acute Coronary Syndrome Care Bundle (<https://www.mlrems.org/GetFile.aspx?fileID=15365>) includes placing defibrillation pads for a number of high risk STEMI presentations (transient wide complex tachycardia, hemodynamic instability, or bradycardia), however best practice is placing pads for **any** patient with confirmed STEMI as the incidence of ventricular tachycardia or ventricular fibrillation is not insignificant: between 3.5% and 11% of all patients presenting with STEMI. Put another way, as few as 1 in 10 of your STEMI patients could be going into VF/VT while under your care.

With any questions, please do not hesitate to contact this office.

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