



Advisory 23-02: STEMI's and Defibrillation Pads

To: All ALS Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P, FACEP, FAEMS
Regional Medical Director

Date: April 11, 2023

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://mlrems.org/ems-clinicians>) 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.

web www.mlrems.org
phone (585) 463-2900
fax (585) 473-3516

office
44 Celebration Drive, Suite 2100
Rochester, NY 14620

mailing
601 Elmwood Avenue, Box 655-P
Rochester, NY 14642