Identify STEMI patient via:
- 12-lead ECG: **ST elevation in ≥2 contiguous leads** (≥1mm in limb leads, and/or ≥2mm in chest leads) AND
- appropriate clinical evidence (e.g. pain, diaphoresis, SOB, etc)

Take photos of 12-lead AND report and send to [ECG Image 'group'] contact on iPhone

Continue treatment. Complete heparin checklist.

Acquire and print 12-lead ECG

Phone call received from STEMI Doctor within 10 minutes of image being sent?

**NO**

Check message successfully sent. If not, resend.

Telephone [STEMI Doctor] contact on iPhone *

**YES**

Phone handover (see Heparin Checklist) with STEMI Doctor. Confirm if Catheter Lab being activated.

* REMEMBER: phone forwarding cascade may take around 30 rings of receiving phone/s. If calling STEMI Doctor, you may need to stay on the line for this period. Be patient!

**STEMI Doctor not activating Catheter Lab:**
- proceed to closest hospital – treat patient according to normal ACTAS guidelines (i.e. no heparin)

**STEMI Doctor activating Catheter Lab:**
- proceed to TCH – treat as per normal ACTAS guidelines, ± heparin as discussed

**No voice contact with STEMI Doctor (or unable to reach agreement)?**
- proceed to TCH – treat as per normal ACTAS guidelines, ± heparin as per checklist

Ambulance to radio TCH ED to alert them of STEMI patient and time to hospital

On arrival at TCH ED:
- ensure timely handover to triage, and await bed allocation in ED / direct to catheter lab.

* ACT Ambulance Service Clinical Management Guidelines
Uncontrolled when printed. The latest version of this document is available on the ACT Ambulance Service internet site.