

Okanogan / North Douglas County  
**County Operating Procedure**  
Emergency Cardiac System



**Purpose:**

1. To implement County Operating Procedures for all cardiac patients who meet criteria for cardiac activation as described in the Washington Prehospital Cardiac Triage Procedure.
2. To ensure that all cardiac patients are transported to the most appropriate categorized facility as described in RCW 70.168.150
3. To allow the receiving facilities time to activate their Cardiac Response Team.

**Standards:**

1. All ambulance & aid services shall comply with the Washington Prehospital Cardiac Triage Procedures as defined in RCW 70.168.
2. All ambulance services shall transport patients to the most appropriate categorized cardiac facility.

**Procedure:**

1. All prehospital providers shall triage suspected patients suffering from ACS to see if they meet the inclusion criteria with "State of Washington Prehospital Cardiac Triage Destination Procedure" (PCTDP)
  - a. Inclusion Criteria includes:
    - i. "Applicability for Triage" (see PCTDP)
    - ii. "Immediate Criteria" (see PCTDP)
    - iii. "High Risk Criteria" (see PCTDP)
  - b. Non-inclusion Criteria includes:
    - i. Any patient who does not meet "applicability for triage" or "immediate Criteria" or "High Risk Criteria"
    - ii. Transport destination of non-inclusion criteria shall include but not limited to: the patient's preference, county operating procedures, and / or trauma regional patient care procedure.
2. All patients who meet inclusion criteria must be entered into the Cardiac System.
  - a. Upon entering into the Cardiac System the patient shall be treated with the "Washington State Emergency Cardiac System Suspected Acute Coronary Syndrome (ACS) Prehospital Protocol Guidelines" for BLS and ALS.
  - b. All patients who enter into the Cardiac System must be transported only to a Washington State **Catorgized** Cardiac Level 1 or Cardiac Level 2 Facility, or to a clinic with fibrinolytic therapy.
3. Dispatch participation
  - a. Dispatch is encouraged to give specific pre-arrival instructions as per MPD advice.
  - b. Dispatch is encouraged to participate in Regional and Local QI process when applicable.
4. Pre-Hospital BLS Providers
  - a. Treat the patient using the Basic Life Support Protocol of the "Washington State Emergency Cardiac and Stroke System Suspected Acute Coronary Syndrome (ACS) Prehospital Protocol Guidelines"
  - b. Provide early activation of the Cardiac System by a "Cardiac Alert" with early communication of the receiving Hospital with a patient who meets inclusion criteria in the Cardiac System.
  - c. Request ALS / ILS rendezvous (if available)
  - d. Limit the scene-time to 10 minutes or less.

- e. Provide oxygen, aspirin, and assist patient with prescribed nitro when applicable.
- f. If the patient is triaged to meet inclusion criteria for Cardiac System; (patient needs a Level 1 Cardiac facility) then:
  - i. Call for ALS / ILS rendezvous if applicable based on location of call.
  - ii. All patient should be transported to the closest Level 2 cardiac hospital which facilitate getting the patient to a level 1 the fastest.
  - iii. Provide early activation of the Cardiac System by a "Cardiac Alert" to the receiving hospital as soon as possible.
  - iv. Patients may refuse to be transport to the above cardiac catorgized facilities after full discloser of risks (informed consent) explained to the patient and medical control shall be contacted with against medical advice documentation.
- g. If the patient is triaged to not to meet inclusion Cardiac Triage Criteria;
  - i. Transport the patient per other County Protocols.

#### 5. Prehospital ALS Providers

- a. Treat the patient using the Advanced Life Support Protocol of the "Washington State Emergency Cardiac and Stroke System Suspected Acute Coronary Syndrome (ACS) Prehospital Protocol Guidelines" AND County ALS Protocols
- b. Provide early activation of the Cardiac System by a "Cardiac Alert" to the receiving hospital as soon as possible.
- c. Provide 12-lead ECG and provide repeat ECG every 15 minutes
- d. Limit the scene-time to 10 minutes or less.
- e. Gain IV access without delay of transport
- f. Provide Oxygen, Aspirin, and Nitro when applicable.
- g. If the patient is triaged to meet inclusion criteria for Cardiac system;
  - i. Transport to the nearest Cardiac Catagorized Facility
    - 1. Consider air transport to get the patient to a level one facility if the transport time would be the same to a level 2 facility. Early activation will be the key.
  - ii. Patients may refuse to be transport to the above cardiac catorgized facilities after full discloser of risks (informed consent) explained to the patient and medical control shall be contacted with against medical advice documentation.
- h. If the patient is triaged to not to meet inclusion Cardiac Triage Criteria;
  - i. Transport the patient per County Protocols.

#### 6. Quality Improvement;

- a. ALL Prehospital providers are encouraged to do internal review of each cardiac case to ensure we are getting the patient to the highest level of cardiac care in the shortest amount of time.
  - i. The MPD will review cases at least annaully to ensure that we are meeting the the above stated objective.