



Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

**NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR
SOUND CLINICAL JUDGEMENT.**



Acute Coronary Syndrome Care Bundle

Acute Coronary Syndrome Bundle

Metric	Goal
At Patient to EKG Time	10 minutes or less
ASA 324 mg chewed by mouth	At any time
Serial EKG(s)	Serial 12-lead EMS EKG(s)

STEMI Bundle

Metric	Goal
At Patient to EKG Time	10 minutes or less
Prehospital Notification	Within 5 minutes of STEMI identification
ASA 324 mg chewed by mouth	At any time
On Scene Time	10 minutes or less
Serial EKG(s)	Serial 12-lead EMS EKG(s)
Defib Pads	Applied to patients with identified STEMI

Theory/Evidence

At Patient to EKG Time

- Early field identification of an acute coronary syndrome should prompt EMS providers to obtain an EKG as soon as possible to identify a time-critical condition (STEMI).

Prehospital Notification

- Receiving STEMI center notification within 5 minutes of STEMI identification provides early activation of the cardiac catheterization lab and mobilizes essential hospital resources prior to the arrival of the patient.

Aspirin (ASA) 324 mg chewed by mouth

- Aspirin confers a reduction in mortality from acute coronary syndrome. Aspirin should be administered as soon as feasible but should not take precedent over expedient identification, prehospital notification, and initiating transport in the setting of a STEMI. If aspirin is contraindicated, documentation should indicate why.

On Scene Time

- Patients with a STEMI should be expediently moved to a STEMI center with a goal on scene time of less than 10 minutes.

Serial EKG(s)

- For all patients with a potential acute coronary syndrome, serial EMS EKG(s) are a best practice to evaluate for evidence of evolving ischemia.

Defib Pads

- Patients experiencing a STEMI may be at high risk for dysrhythmia. Place pacing patches if the patient has transient wide complex tachycardia, hemodynamic instability, bradycardia < 50.