



# Suffolk REMAC

**Suffolk Regional Emergency Medical Advisory Committee**

360 Yaphank Avenue, Suite 1B • Yaphank, NY 11980

Telephone: 631-852-5080 • Fax: 631-852-5028 • Website: [www.suffolkremsco.com](http://www.suffolkremsco.com)

## **Officers:**

Juan Acosta, DO  
Chairperson

R. Trevor Marshall, MD  
Vice-Chairperson

Jack Geffken, DO  
2nd Vice Chair

Jennifer Hannigan  
Secretary

## **Member Hospitals:**

Eastern Long Island  
Hospital

Good Samaritan  
Hospital

Huntington Hospital

John T. Mather  
Memorial Hospital

Long Island  
Community Hospital

Peconic Bay  
Medical Center

Southampton Hospital

South Shore  
University Hospital

St. Catherine of Siena  
Medical Center

St. Charles Hospital

Stony Brook  
University Hospital

## **Suffolk County REMAC Regional QI Project**

Effective: July 25, 2024

### **Paramedic 12-Lead EKG Acquisition, Interpretation and Downgrade to BLS Level of Care**

This is a regional QI project that is currently supported by the Suffolk County REMAC and will run for the next 6 months for EMS agencies in Suffolk County who wish to participate. If an agency wishes to participate, the EMS agency medical director shall approve of the project and the Suffolk County REMAC shall be notified by sending a letter or email to the REMAC Secretary.

**Purpose:** To establish EKG acquisition, interpretation and transfer of care guidelines for Paramedics in the setting of low suspicion for serious illness, non-cardiac complaints. This project aims to increase the number of EKG's performed by Paramedics, while maintaining Advanced Life Support availability when appropriate.

**Scope:** This project applies to all Paramedics working or volunteering for participating EMS agencies in Suffolk County as approved by their agency medical director. This project applies to adult patients only. This project is NOT to be used for patients with suspected serious illness, suspected cardiac complaints, or for patients with a significant past medical history of heart disease.

**Background:** There can be varied presentations of acute coronary syndrome or cardiac arrhythmias, and many patients with serious cardiac illness do not complain of chest discomfort. Currently, Suffolk County REMAC policy is that a Paramedic must stay with the patient and transport the patient to the hospital if an EKG was performed on a patient for any reason. This project will encourage Paramedics to acquire EKGs on a broader range of patients in order to try to detect acute coronary syndrome or STEMI patients that do not present with classic symptoms of chest discomfort or difficulty breathing. The current NYS Collaborative Protocol for Cardiac Related Problem states "consider 12-Lead EKG for adults with any one of the following: dyspnea, syncope, dizziness, fatigue, weakness, nausea or vomiting."

This project will allow for a Paramedic to downgrade the patient's care to a BLS provider, if the patient presents with these atypical symptoms and the 12-Lead EKG is interpreted by the Paramedic as unremarkable.

**Policy:** Paramedics should consider acquiring a 12-Lead EKG on patients with complaints of dyspnea, syncope, dizziness, fatigue, weakness, nausea and vomiting, or abdominal pain. The 12-Lead EKG shall be performed and interpreted by the Paramedic and the care of the patient may be transferred to BLS if all of the following criteria are met:

- The patient does not require or is not anticipated to require any further ALS level intervention
- The patient has normal vital signs (HR > 55 with NSR or rate-controlled atrial fibrillation if the patient has a previous history of atrial fibrillation and the ventricular rate is <110)(SBP>100mmHG SBP and < 180mmHg) (pulse oximetry >94%) (RR is between 12 and 20 per min)
- The 12-Lead EKG is interpreted as non-diagnostic of any cardiac arrhythmia (except for rate controlled previously known atrial fibrillation) or any suspected cardiac ischemia = no ST to T segment elevations or depressions, no abnormal-appearing T waves, no new bundle branch block (a LBBB or RBBB that is known to be pre-existing should be documented as such and interpreted as non-diagnostic for acute ischemia)

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Paramedics may contact Suffolk County Medical Control for assistance with EKG interpretation at any time. Paramedics may also contact Suffolk County Medical Control for advice on patient care or disposition for any unclear situation.

**Disposition:** Paramedics should treat the patient for any identified arrhythmia or suspected cardiac ischemia based on their interpretation of the 12-Lead EKG, apply a cardiac monitor to the patient and transport the patient to the hospital while addressing the patient's symptoms.

Paramedics should not be encouraging patients to Refuse Medical Attention after a normal EKG is interpreted. If the patient wishes to refuse transport, follow the current NYS Collaborative RMA protocol and contact Suffolk County Medical Control according to the current REMAC RMA Policy.

Paramedics may downgrade the patient's care to BLS providers (a minimum of one EMT) if all of the above criteria are met and this should be documented as a transfer of care and under these circumstances the patient must be transported to the hospital.

**Documentation:** The Paramedic's name and number shall be documented on the Patient Care Report and the Paramedic shall document his or her initial assessment of the patient, the patient's initial vital signs and the patient's complaint. The Paramedic shall document his or her interpretation of the 12-Lead EKG and that the patient's care was transferred to BLS. This may be documented as an addendum to the BLS Patient Care Report or as a separate Patient Care Report. A copy of the 12-Lead EKG must also be attached to the Patient Care Report.

**Quality Improvement:** The agency shall follow its agency quality improvement program and review all uses of this project. The Patient Care Reports and the 12-Lead EKGs shall be reviewed by the agency leadership and the agency medical director. A copy of the Patient Care Report shall be sent to the REMAC Quality Improvement Subcommittee Chair via the email [QAQI@suffolkcountyny.gov](mailto:QAQI@suffolkcountyny.gov) within a timely fashion.

Dr. Juan Acosta, Chair  
Suffolk County REMAC

Dr. Jason Winslow, Chair  
QA Subcommittee, Suffolk County REMAC