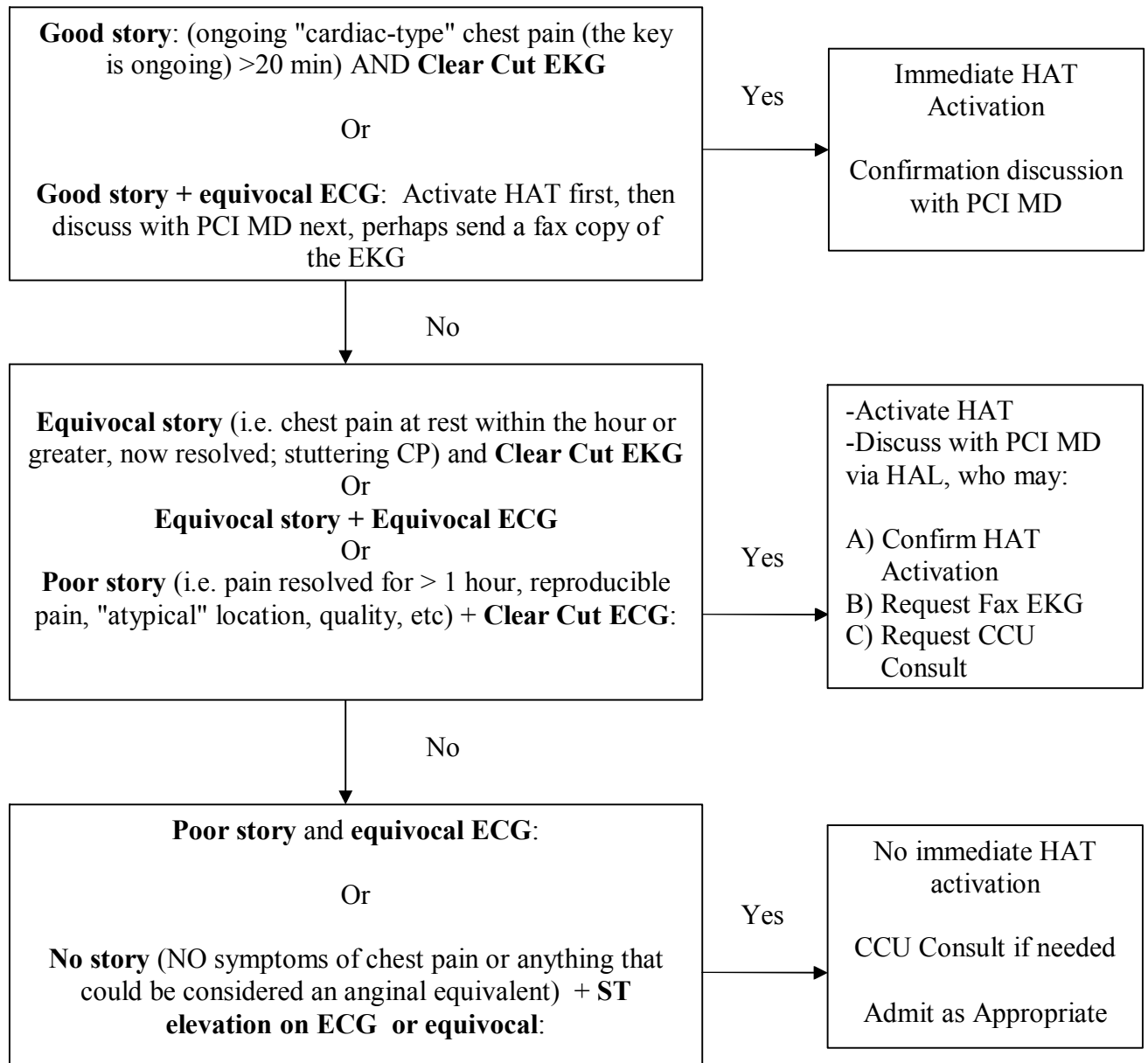# JHH HAT Activation Algorithm

Patient has chest discomfort, or other symptoms suggestive of MI
AND
Does EKG show ≥ 1mm, ST Segment elevation in 2 or more leads? OR
Does EKG show ≥ 1mm ST segment depression in V1 and V2 compatible with true posterior infarction? OR
Does EKG show new or presumed new LBBB

If yes, call HAL (5-9444) to activate the Hopkins Heart Attack Team. (JHH HAT)

Good story: (ongoing "cardiac-type" chest pain (the key is ongoing) >20 min) AND **Clear Cut EKG**

Or

Good story + equivocal ECG: Activate HAT first, then discuss with PCI MD next, perhaps send a fax copy of the EKG

→ **Yes** →

Immediate HAT Activation

Confirmation discussion with PCI MD

No

Equivocal story (i.e. chest pain at rest within the hour or greater, now resolved; stuttering CP) and **Clear Cut EKG**
Or
Equivocal story + Equivocal ECG
Or
Poor story (i.e. pain resolved for > 1 hour, reproducible pain, "atypical" location, quality, etc) + **Clear Cut ECG**:

→ **Yes** →

-Activate HAT
-Discuss with PCI MD via HAL, who may:

A) Confirm HAT Activation
B) Request Fax EKG
C) Request CCU Consult

No

Poor story and **equivocal ECG**:

Or

No story (NO symptoms of chest pain or anything that could be considered an anginal equivalent) + **ST elevation on ECG or equivocal**:

→ **Yes** →

No immediate HAT activation

CCU Consult if needed

Admit as Appropriate

EKG Transitions Options to PCI Attending

Muse Reads

The EKG's can be uploaded to the Muse system in real time (generally). They must have at least a name and prior to transmission. They can then be read by the PCI attending over the Internet.

Groupwise Fax

You may fax the EKG to 1-877-884-8839. The fax may then be read in Groupwise (the username is JHHCardiologyFax and the password is heart). The EKG shows up in Groupwise in about 3 min. from hitting Send.