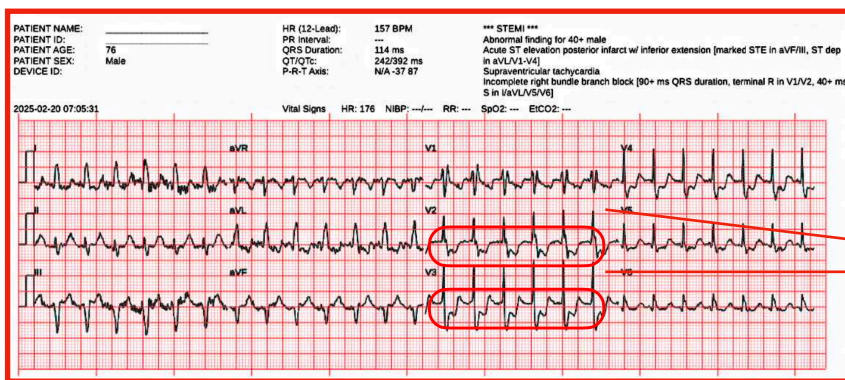


The wife of a 76-year-old male called 911. Her husband complained of a racing heart sensation after getting off the treadmill. "I *think* there's some chest pressure," he offers when asked. "Yeah I feel a *little* short of breath, I guess," another definitive response (insert sarcasm here). Ok, ok, EKG for sure. Seems like another run-of-the-mill chest pain call, right? Your monitor spits out the tracing. "Oh, crap!" Now what?! SVT, a-fib, some other tachycardia... and a STEMI to boot, seriously? So which hospital now? If the closest happens to be a STEMI receiving then there's no decision, but what if it's not.

Basics

- Tachycardias might create a phenomenon called **demand ischemia**
- Demand ischemia occurs when the heart's oxygen demand exceeds its supply
- The muscle tissue is actually starved of oxygen like it would be with a blocked artery, but
- There's no actual blocked vessel so it's *not* a true STEMI
- Once the tachycardia resolves the ST elevation disappears
- All of the above can occur at any tachycardic rate but is particularly likely > 150 bpm



Posterior STEMI... maybe.
 More likely **tachycardia-induced ischemia**

Signs and Symptoms

- Might be the same as a STEMI

Treatment

- **Address the underlying cause**
- **Transmit your 12-lead!**
- Hospital personnel can provide guidance if able to see what you are seeing

Destination

- Depends - Communicate with On-Line Medical Control
- Example, "Highland Park this is Deerfield 20 requesting guidance... Our EKG shows STEMI but HR is 160, presumed SVT"

