

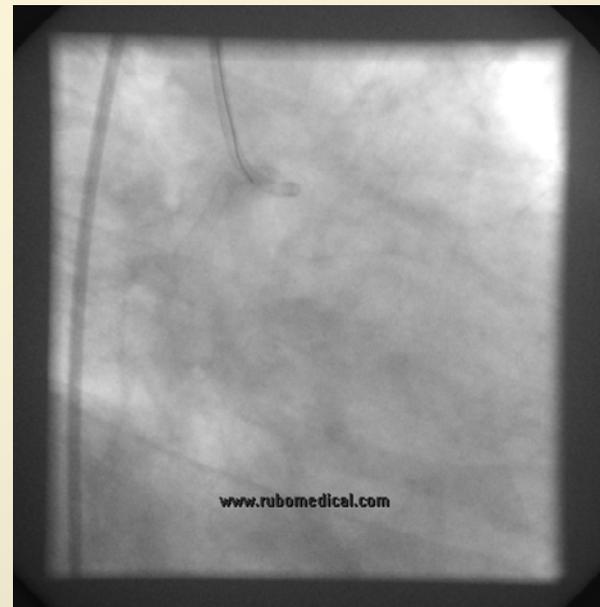
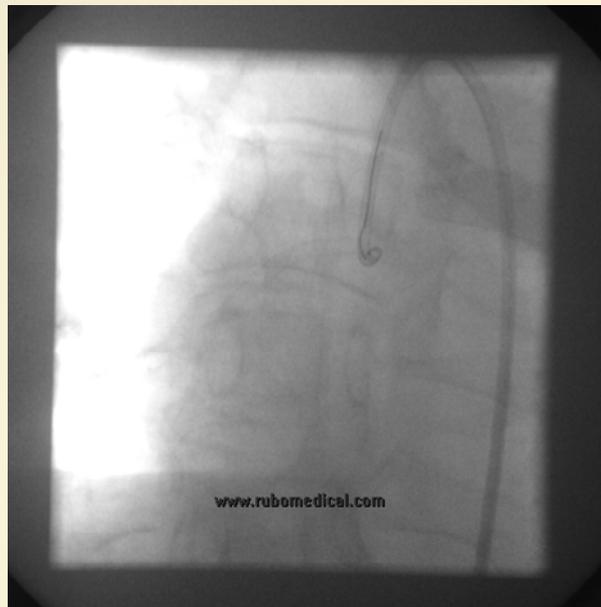
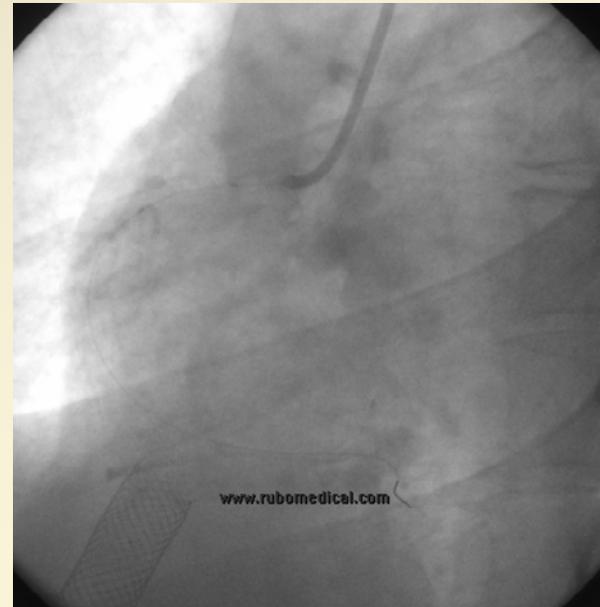
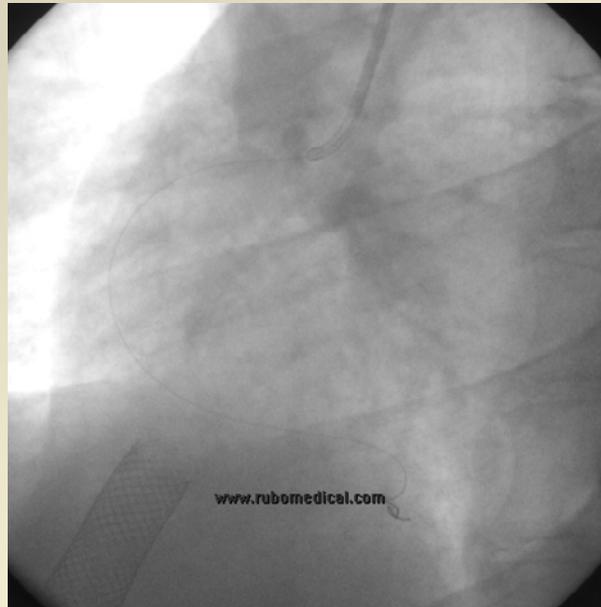
# TRIAGE 17

THE END OF THE STORY



GREAT INNOVATIONS IN CARDIOLOGY  
6TH JOINT MEETING WITH MAYO CLINIC  
Turin 14TH-15TH October 2010

8:45 pm



*At the end of procedure the patient is completely asymptomatic.*

## **DEBRIEFING**

**Prehospital phase** (118) or, at most the one of the **initial admission to DEA**, are the crucial moments for recognition and transport of STEMI patients to percutaneous rivascularization.

The effectiveness of a network of Emergency Cardiovascular Care must therefore be founded on the readiness it manages trasfer from **Spoke** to **Hub Hospital**, once clearly identified the problem.

However it should be noted that 118 should be able to meet any request. As well as the Emergency Department must respond to each emergency guaranteeing everyone **equal treatment and opportunities**, regardless of the disease manifested itself.

It is undeniable the social utility of early coronary revascularization therapy but it requires **organizational choices** that must be accompanied by a broader review of the whole system of emergency currently in place.