

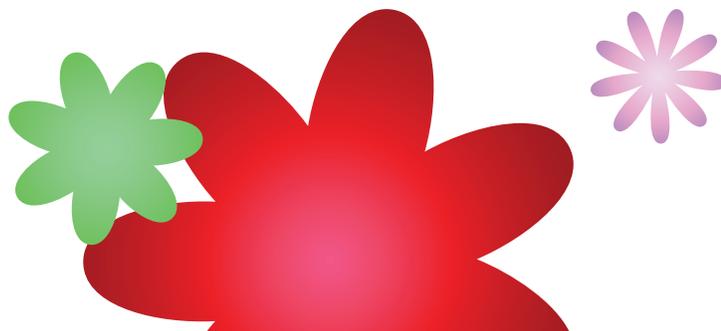
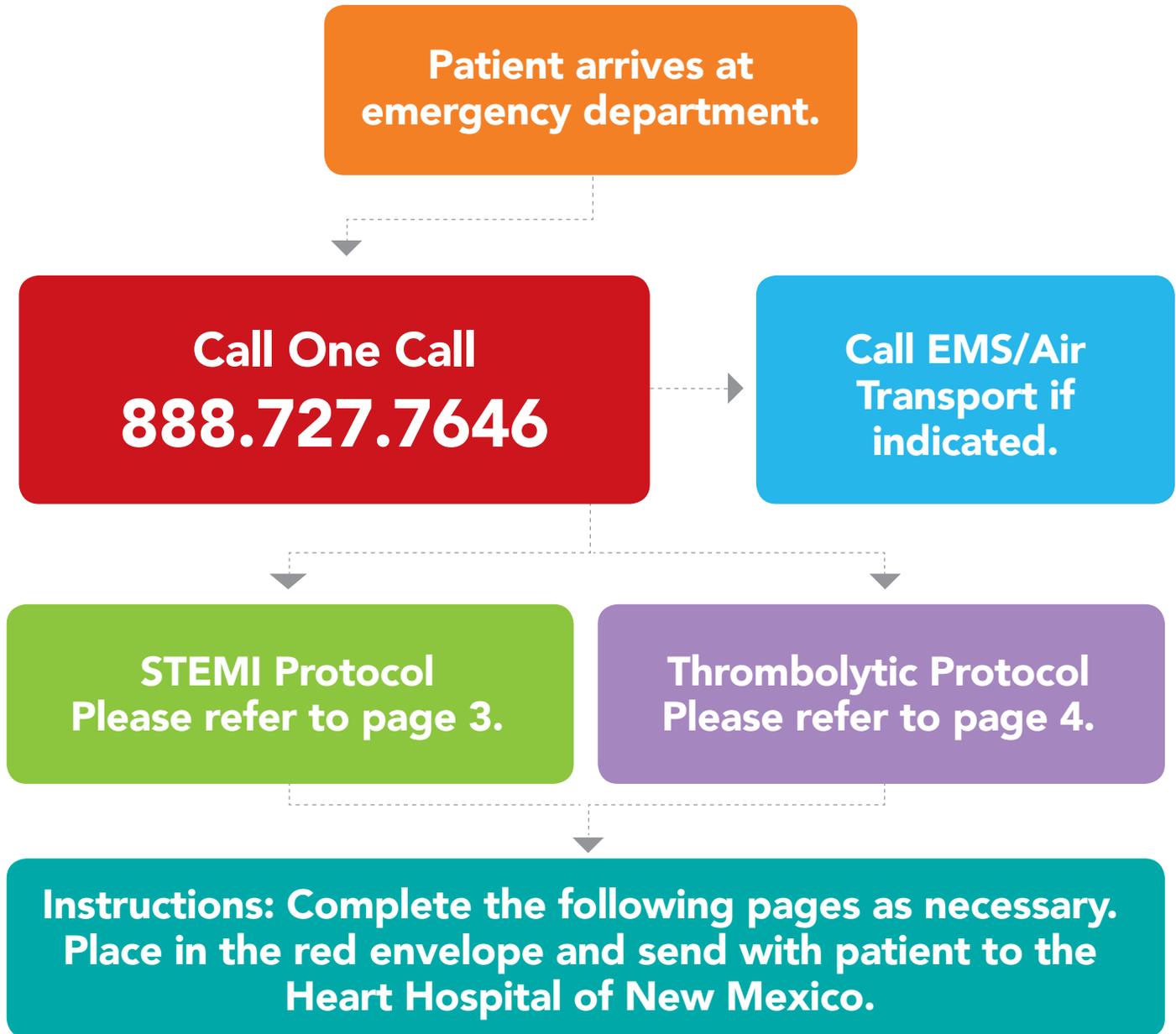
STEMI Protocols



Heart Hospital
of New Mexico
@ LOVELACE MEDICAL CENTER

Emergency Department STEMI Process

Goal: Complete transfer to Heart Hospital of New Mexico at Lovelace Medical Center within 60 minutes of initial arrival at emergency room.



STEMI Protocol

Criteria: ST-segment elevation in 2 or more contiguous leads > than 1mm or chest pain with new left bundle branch block.

Call One Call (1.888.727.7646)

DATE/TIME COMPLETED	INITIALS	CHECKLIST
		12 Lead EKG
		Call Superior at 247-8840 to arrange STAT transport to Heart Hospital, if necessary
		Place patient on continuous monitoring
		Place patient on 1-3 liters per minute oxygen nasal cannula to maintain SaO2 greater than 90%
		2 saline locks, if possible large bore needles (left side, not in wrist)
		Aspirin 324 mg PO (four, 81 mg chewable tablets)
		Primary Recommendations: <input type="checkbox"/> Brilinta (Ticagrelor) 180mg PO (give two, 90mg tablets) <i>Contraindicated in patients with a history of intracranial hemorrhage and those with moderate to severe hepatic impairment.</i> - OR - <input type="checkbox"/> Effient (Prasugrel) 60mg PO (give six, 10mg tablets) <i>Contraindicated in patients with a history of transient ischemic attack (TIA) or stroke. Use not recommended in patients ≥ 75 years old except in high risk situations (history of diabetes or prior MI).</i> - OR - Secondary Recommendation: <input type="checkbox"/> Plavix (Clopidogrel) 600mg PO (give eight 75mg tablets or two 300mg tablets)
		Heparin 5000 units IV bolus. No drip.
		Nitroglycerin .4mg sublingual Q 5 minutes x 3 PRN chest pain. No drip. Hold for SBP less than 90. Do not give for Inferior MI's.
		Morphine sulfate 2 to 4 mg IV repeated Q5 minutes as needed for pain. Hold for BP of less than 90 systolic.
		Code status: full code / DNR (circle one)
		Emtala Transfer forms completed
		Obtain from patient or family: Primary M.D. _____ Cardiologist _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____ TIME: _____

Patient Label

Thrombolytic Protocol - STEMI

Call One Call (1.888.727.7646)

Criteria: Should be given within 30 minutes of patient arrival to emergency room for those patients who will not reach a PCI-capable facility within 120 minutes of first medical contact to device or when primary PCI is unavailable.

DATE/TIME COMPLETED	INITIALS	CHECKLIST
		Allergies: Ht: Wt:
		Obtain STAT lab: CBC with Auto Diff., PT/INR, PTT, CK - MB/TROPONIN I, 12 LEAD ECG.
		Oxygen - 2 liters
		2 saline locks, if possible large bore needles (left side, not in wrist)
		Aspirin 324 mg PO (four, 81 mg chewable tablets)
		Preload with Plavix or 300 mg PO
		<input type="checkbox"/> STEMI - IV Alteplase: Accelerated regimen (weight-based): <ul style="list-style-type: none"> <input type="checkbox"/> Patients >67 kg: (Maximum total dose: 100 mg) <ol style="list-style-type: none"> 1. Alteplase 15 mg IV bolus over 1-2 minutes 2. Followed by infusions of 50 mg over 30 minutes 3. Then 35 mg over 1 hour. Maximum total dose: 100 mg <input type="checkbox"/> Patients ≤67 kg: (Maximum total dose: 100 mg) <ol style="list-style-type: none"> 1. Alteplase 15 mg I.V. bolus over 1-2 minutes 2. Followed by infusions of 0.75 mg/kg (not to exceed 50 mg) over 30 minutes · 0.75 mg/kg * _____ kg = _____ mg over 30 minutes 3. Then 0.5 mg/kg (not to exceed 35 mg) over 1 hour. · 0.5 mg/kg * _____ kg = _____ mg over 1 hour
		Heparin 60 units/kg (4000 max) Followed by 12 units/kg/hr (max 1000 units/hr) --OR-- Enoxaprin <ul style="list-style-type: none"> <input type="checkbox"/> Patients < 75 years old: <ul style="list-style-type: none"> • Enoxaprin 30 mg IV • Immediately followed by 1 mg/kg (max of 100 mg) subcutaneously <input type="checkbox"/> Patients > 75 years of age: <ul style="list-style-type: none"> • No IV Enoxaprin and give 0.75 mg/kg subcutaneously
		Nitroglycerin .4mg sublingual Q 5 minutes x 3 PRN chest pain. No drip. Hold for SBP less than 90. Do not give for Inferior MI's.
		Code status: full code / DNR (circle one)
		Obtain from patient or family: Primary M.D. _____ Cardiologist _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____ TIME: _____

Patient Label

If the patient continues to have chest pain and <50% ST resolution (in the lead showing the worst initial elevation) after 90 minutes following the initiation of thrombolytics, they should notify the primary PCI hospital about the potential need for rescue angioplasty.

Contraindications and Cautions for Fibrinolytic Therapy in STEMI or PE

IS THERE ANY HISTORY OF THE FOLLOWING? IF YES, NOTIFY PHYSICIAN.		
Yes	No	Absolute contraindications
		Any prior intracranial hemorrhage/aneurysm
		Known structural cerebral vascular lesion (arteriovenous malformations)
		Known intracranial neoplasm (primary or metastatic)
		Ischemic stroke EXCEPT acute ischemic stroke within 3 hours
		Suspected aortic dissection
		Active bleeding or bleeding diathesis (excluding menses)
		Significant closed-head or facial trauma within 3 months
		Intracranial or intraspinal surgery within 2 months
		Severe uncontrolled hypertension (unresponsive to emergency therapy)
Yes	No	Relative contraindications
		History of chronic, severe, poorly controlled hypertension
		Significant hypertension on presentation (SBP >180mmHg or DBP >110 mmHg)
		Cerebrovascular disease
		Recent major surgery (<3 weeks)
		Recent (within 2 to 4 weeks) internal bleeding or active GI bleed
		Noncompressible vascular punctures
		Pregnancy
		Significant hepatic dysfunction or hemostatic defects including those secondary to severe hepatic or renal disease
		Oral anticoagulant therapy
Yes	No	Prior to giving thrombolytics, confirm that the following answers are YES
		Systolic blood pressure \leq 185 and diastolic blood pressure is \leq 110
		Stroke specific b/c risk of misdiagnosis
		Platelet count >100,000
		Risks and benefits discussed and documented on chart

Dr. _____ notified of findings.

If answer "yes" to relative contraindication, treatment with thrombolytics may still be considered at the discretion of the physician.

LICENSED STAFF: _____ DATE: _____ TIME: _____

Patient Label