



## FAST TRACK PROTOCOL FOR REGIONAL STEMI

**Criteria: New ST Elevation Myocardial Infarction or New LBBB**

<p><b>Step 1: STAT 12-lead electrocardiogram</b> and brief history &amp; physical examination</p> <p><b>Step 2:</b> Call St. Marys Emergency Dept. Referral Nurse <b>(507-255-2910)</b> and they will arrange transport and connect to Cardiologist</p> <p><b>Step 3:</b> Fax electrocardiogram to St. Marys Coronary Care Unit <b>(507-255-5745)</b></p>
<p><b>Aspirin</b> 324mg (4 chewable 81mg non-enteric coated tablets)</p> <p><b>Nitroglycerin</b> SL or IV as needed for pain</p> <p>Cardiac Monitor</p> <p>Minimum of (2) peripheral IV's TKO/saline lock</p>

<b><u>Please Document:</u></b>
1. _____ Hospital Arrival
2. _____ Chest Pain Onset
3. _____ Initial ECG Time
4. _____ 2 <sup>nd</sup> ECG Time (If first ECG is not diagnostic)
5. _____ Thrombolysis Time (If indicated)
6. _____ DNR/DNI Status


Choose One Pathway


<b>If Onset of Symptoms &lt; 2 Hours,</b>
<b><u>Thrombolysis</u></b>
Give full dose <b>TNK or rPA</b>
<p><b>Unfractionated Heparin loading dose,</b> 60 Units/kg IV (maximum 4,000 Units)</p> <p><b>Heparin infusion,</b> 12 Units/kg/hour IV (maximum 1000 Units/hour)</p>
<p><b>Metoprolol</b> 25mg or 50mg orally x1</p> <p><small>*Do not give <b>metoprolol</b> if any of the following: signs of heart failure or shock, heart rate &lt; 60 or &gt;110, systolic blood pressure &lt;120, 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, asthma or reactive airway disease.</small></p>
Give <b>Clopidogrel (Plavix)</b> orally 300mg x 1
<p>Patient transferred to St. Mary's CCU. Cath Lab is <u>not</u> activated, unless patient arrives at CCU and failed to reperfuse with thrombolytic.</p>

<b>If Onset of Symptoms &gt; 2 Hours,</b>
<b><u>Percutaneous Coronary Intervention</u></b>
Do <u>not</u> give <b>TNK or rPA</b>
<p><b>Unfractionated Heparin loading dose,</b> 60 Units/kg IV (maximum 4,000 Units)</p> <p><b>Heparin infusion,</b> 12 Units/kg/hour IV (maximum 1000 Units/hour)</p>
<p><b>Metoprolol</b> 25mg or 50mg orally x1</p> <p><small>*Do not give <b>metoprolol</b> if any of the following: signs of heart failure or shock, heart rate &lt;60 or &gt;110, systolic blood pressure &lt;120, 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block, asthma or reactive airway disease.</small></p>
Give <b>Clopidogrel (Plavix)</b> orally 600mg X1
<p>Patient will be transferred to St. Mary's Cath Lab directly. Cath Lab is activated.</p>

Fax Labs and ECG to St. Mary's Coronary Care Unit <b>(507-255-5745)</b> CK-MB, Troponin, CBC, Electrolytes, BUN, Cr, Glucose, Magnesium, INR, PTT, Portable CXR
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**MD Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **DEFINITION FOR STEMI**

1. ECG demonstrates ST elevation greater than 0.1 MV in at least 2 contiguous precordial leads (V1-V6) or at least 2 adjacent limb leads
2. ECG demonstrates new LBBB
3. Reperfusion therapy is indicated if the ECG is diagnostic for STEMI even if the patient is free of symptoms
4. If initial ECG is not diagnostic but clinical suspicion is high for STEMI, obtain serial ECG at 5-10 minute intervals

## **ABSOLUTE CONTRAINDICATIONS FOR THROMBOLYSIS IN STEMI**

1. Any prior intracranial hemorrhage
2. Known structural cerebral vascular lesion (e.g., arteriovenous malformation)
3. Known malignant intracranial neoplasm (primary or metastatic)
4. Ischemic stroke within 3 months except acute ischemic stroke within 3 hours
5. Suspected aortic dissection
6. Active bleeding or bleeding diathesis (excluding menses)
7. Significant closed-head or facial trauma within 3 months

## **RELATIVE CONTRAINDICATIONS FOR THROMBOLYSIS IN STEMI**

1. History of chronic, severe, poorly controlled hypertension
2. Severe uncontrolled hypertension on presentation (SBP >180 mmHg or DBP >110 mmHg)
3. History of prior ischemic stroke >3 months, dementia, or known intracranial pathology not covered in contraindications
4. Traumatic or prolonged CPR (>10 minutes) or major surgery (within last 3 weeks)
5. Recent internal bleeding (within last 2-4 weeks)
6. Noncompressible vascular punctures
7. For streptokinase/anistreplase: prior exposure (> 5 days ago) or prior allergic reaction to these agents
8. Pregnancy
9. Active peptic ulcer
10. Current use of anticoagulants: the higher the INR, the higher the risk of bleeding