

# Heart Attack Guidelines for Non-PCI Hospitals



**STEMI Criteria:**  
**Signs / Symptoms of Acute Coronary Syndrome (ACS)**  
 -----AND-----  
**ST segment elevation of 1 mm or more in two contiguous leads**

- If both criteria are met then recommend activating the PCI Hospital
- If ST elevation inconclusive, isolated to V1-V2, or LBBB identified then recommend consultation with physician and PCI Hospital prior to activation

**Goal: Patient in the door and out the door < 30 minutes**

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- ⊖ Record time patient arrives & leaves ED
- ⊖ Acquire 12 lead ECG and have Physician read within 10 minutes
- ⊖ Consider thrombolytics if anticipated time to PCI > 90 minutes—Refer to Lytic protocol
- ⊖ Activate Code STEMI/STEMI Alert
- ⊖ Contact Transport (EMS or Air Medical)
- ⊖ Call for transfer to PCI Hospital
- ⊖ Apply Oxygen and maintain O2 sat > 92%
- ⊖ Aspirin 324 mg PO chewable



- ⊖ Cardiac Monitor & Attach hands-free defibrillator pads
- ⊖ Vital signs and pain scale
- ⊖ Fax ECG to PCI Hospital
- ⊖ Saline Lock #1 large bore needle
- ⊖ Saline Lock #2 if possible, large bore needle
- ⊖ Lab - cardiac markers [CKMB, Trop I], CBC, BMP, PT/INR, PTT, pregnancy serum if childbearing age
- ⊖ STAT portable CXR
- ⊖ NTG 1/150 gr. SL every 5 min or Nitropaste PRN for chest pain (hold for SBP < 90)
- ⊖ Analgesia (Morphine sulfate or Fentanyl) IV PRN for pain
- ⊖ Clopidogrel (Plavix) 600 mg PO
- ⊖ Heparin IV loading dose 60 units/kg (4,000 units max)
- ⊖ Consider metoprolol (Lopressor) 5 mg IV x 1 if patient hypertensive (>160/90). May consider additional doses if clinically indicated. Hold if SBP < 120, Pulse ox < 92%, HR < 60 or active CHF or Asthma

