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**AGENDA**  
**CATRAC Mission Lifeline – Protocol Subgroup**  
May 12, 2010  
0800 to 0930

**LOCATION:** AHA – 10900-B Stonelake Blvd., Suite 320, Austin TX 78759

**PRESIDING:** Traci Forister and Pat Ramming

**RECORDER:** John Moseley

**MEMBERS PRESENT:**

**MEMBERS TELECONFERENCING:** Traci Forester

**Guests:**

TOPIC	DISCUSSION	ACTION	OPEN/CLOSED
Review of Minutes: (0830-0840)	Summary:		
(0840-0850)	Review Non-PCI Heart Attack Guidelines	<p>*Remind that the Guidelines presented are not step by step rather multiple actions occurring at the same time. Emphasis on “ Do not delay transfer of the patient to complete items on guidelines “ All agree on first page of Guidelines. All agree on second page without further discussion. Jim- reword Oxygen delivery to read – always oxygen then maintain at least 92%. ***All agree on current dosing of Plavix to remain at 600mg vs some prior original which was at 300.</p>	
(0850-0910)	Heparin vs. Lovenox Discussion	<p>Recommendation 1 – Leave as is stating“ Heparin or Lovenox” initial discussion is to leave option of either. -Proposal to prefer Heparin. MD suggest that the Cath Lab could adapt to either but reminds that they are unable to levels when Lovenox is used. Heparin is very easy to check and maintain. “Subcutaneous single dose not effective until after second dose and 4-6 hours.”</p>	

**TOPIC**

**DISCUSSION**

**ACTION**

**OPEN/CLOSED**

Recommendation to set heparin as a base recommendation and leave Lovenox as optional. More emphasis on ability to measure act and levels.  
More discussion on the ability to measure level of anti coagulation with Lovenox.  
Lovenox safe at single dose.  
Wosinak- review concerns about RN administration of Heparin from the nurses perspective – open to floor.  
\* “dosing errors while using heparin.”  
\*\*“lovenox easier to calculate but RN more comfortable with Heparin.”  
\*\*“Heparin is kept in STEMI box. Lovenox in pixis.”  
\*\*“Comfort level with Heparin may lead to errors. “  
Wosinak- open to floor. Does anyone have concern about cost of Heparin vs Lovenox for the non PCI. - Open discussion express cost not a current concern.  
Recommendation to decide and use one or the other – keep it simple and safe.  
EMS- recommendation to leave both in and allow local to determine which they want to use.  
EMS- cost issues with using lovenox might be an issue for some services.  
EMS- concerns about lack of uniform treatment protocols.  
Delay in transfers bring up issue of heparin in a single dose may not be enough to continue anticoagulation.  
Pat – Reminder that the overall goal is to have the patient out the door of the Non PCI facility in under 30 mins.  
Wosinak- now that we have gone full circle - We must choose one drug.  
General discussion  
“ Recommendation for one dose of unfractionated Heparin”  
60u/kg – max 7000  
Another recommendation – that 60u/kg is possibly too low without other medications.

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Conclusion - in favor of recommendation -

TOPIC	DISCUSSION	ACTION	OPEN/CLOSED
(0910-0925)	Lopressor Discussion	<p data-bbox="886 224 1402 256">****Heparin 70u/kg with 7000 max.*****</p> <p data-bbox="886 293 1419 321">Discussion to revisit protocol in 1 year – wosniak</p> <p data-bbox="886 358 1604 451">General discussion - overall recommendation to not use Lopressor in acute MI setting. Use NTG for HTN. Use NTG paste to avoid IV Drips.</p> <p data-bbox="886 456 1577 483">Rhonda- common request by non PCI - “ what to give for HTN”</p> <p data-bbox="886 488 1549 548">General discussion “Lopressor is not mandatory in all STEMI patients”.</p> <p data-bbox="886 553 1619 613">Lewis requests noted in minutes that it has been 1 hr and 10 minutes until he weighed in.</p> <p data-bbox="886 618 1604 678">Lewis – don't load down the list or we may create delays and loose sight of overall goal to transport.</p> <p data-bbox="886 683 1604 711">*****All agree Betablocker not mandatory in all STEMI patients.</p> <p data-bbox="886 716 1612 776">Wosniak – remove from required list and put in side box to simplify the overall guidelines.</p> <p data-bbox="886 781 1041 808">Room Agreed</p> <p data-bbox="886 846 1604 906">“ IV lopressor should be out in favor of PO” “consider lopressor or nitrates for HTN”</p> <p data-bbox="886 911 1266 938">Include general dose guidelines for</p> <p data-bbox="886 943 1591 1003">Jim (Starflight) – recommendation to call receiving for dosing for lopressor if needed for HTN.</p> <p data-bbox="886 1008 1430 1036">Wosniak- need to have recommendation in writing</p> <p data-bbox="886 1040 1612 1101">Wosniak – we have to address the betablocker. Remove from main protocol.</p> <p data-bbox="886 1138 1173 1166">ATC- ntg paste and SL Q5</p> <p data-bbox="886 1170 1593 1187">*****</p> <p data-bbox="886 1203 1083 1230">Call for decision -</p> <p data-bbox="886 1235 1619 1320">Wosniak- For HTN CONSIDER: Lopressor 5mg IV Hold for Systolic BP less than 120 or HR less than 60 BPM. Or any signs of cardiogenic shock, wheezing or asthma. May repeat x 2</p>	

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>OPEN/CLOSED</b>
(0925-0930)	Confirm next meeting date/time	? June 9 <sup>th</sup> 0800-0930 ? second wed .	

Loni, Action Data 60u/kg will not produce an error in action data. It will only error after 70/7000.