

Plan A—Primary PCI Guidelines (v11.2010)

Non-PCI Hospital

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

Pt. ED arrival time: _____

Pt. ED discharge time: _____

Signs / Symptoms of Acute Coronary Syndrome (ACS)

NO → Refer to hospital's non ACS guidelines

YES ↓

- Acquire 12 lead ECG
- Physician reads 12 lead within 10 minutes

STEMI / ST elevation conclusive?

NO → Consult PCI receiving physician

YES ↓

- Activate Code STEMI / STEMI Alert
- Contact Transport (EMS or Air Medical) and Obtain ETA: _____
- Call for transfer to PCI Hospital with Code STEMI / STEMI Alert

Estimated time from first medical contact to PCI < 90 minutes? If no consider Fibrinolytics

NO → Refer to Plan B—Fibrinolysis or Consult PCI receiving physician

YES ↓

Patient Care Priorities Prior to Transport or During Transport

- If O₂ Sat <94% apply Oxygen at 4L/min and titrate to maintain O₂ Sat between 94-99%
- Aspirin 324 mg PO chewable
- Apply Cardiac Monitor & attach hands-free defibrillator pads
- Obtain vital signs and pain scale
- Establish Saline Lock #1 large bore needle
- Administer Heparin IV loading dose 70 units/kg
- Administer Clopidogrel (Plavix) 600 mg PO or Prasugrel 60 mg PO. Precautions with prasugrel: Do not use in patients with active bleeding, history of TIA or stroke, age > 75 years, body weight less than 60 kg or 132 lbs.

Patient Care when time allows — Do Not Delay Transport

- Fax ECG to PCI Hospital
- Establish Saline Lock #2 large bore needle
- Obtain Lab: cardiac markers (CKMB, Trop I), CBC, BMP, PT/INR, PTT, and pregnancy serum if childbearing age
- STAT portable CXR
- Administer NTG 1/150 gr. SL every 5 min or Nitropaste PRN for chest pain (hold for SBP < 90)
- Administer Analgesia (Morphine sulfate or Fentanyl) IV PRN for pain
- 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