**STEMI PATHWAY**

**Patient Arrival with CP**

- ECG shows ST depression, nonspecific changes uninterpretable or is normal - follow local practice guideline for chest pain or R/O MI.
- And for patients with reasonable suspicion for STEMI and continued chest pain repeat ECGs every 10 minutes

**Stat ECG**

- Record Time (Immediate reading)
- Monitor V/S Adm. O2, ASA, NTG, MSO4
- Start 2 PIVs (per protocol)
- Request for old records

**ECG with ST elevation or NEW LBBB**

- Yes
- Chest pain < 12hrs Record Time of Sx onset (see back for definition)

**Appropriate for Primary PCI?**

- Willing to consider Cath, PCI, possible short term intubation, defibrillation or possible CABG (5% chance)
- No Prior anaphylactic contrast reaction
- Adequate vascular access
- Cath Lab available
- Tolerate ASA, Heparin and Plavix

**Obtain Targeted history for report to Interventionalist**

- Bleeding disorder
- CVA
- Renal Failure
- HTN
- Recent Surgery (2wks)
- Bleeding
- Severe PVD limiting access
- Diabetes

**All Yes**

- Activate the Cath Lab
  - REMIS 2950
- ED Attending receives call from Interventionalist

**Any No**

- Consult Interventionalist
  - REMIS 2950

**Initiate Heparin, Plavix and Stat labs** (per protocol on back)

Prepare pt. transfer to Cath Lab

**Transfer with 2 licensed medical staff**

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Symptom Onset Definition

• For patients reporting symptoms initially intermittent and subsequently constant, the onset time is defined as the time of change from intermittent to constant symptoms.
• Patients reporting symptoms that were initially mild and subsequently changed to severe, the onset time is defined as the time of change in symptom severity.
• For patients with both, the change in symptom severity is given preeminence in determining symptom onset time.

~AHA/ACC definition

PHYSICIAN ORDER GUIDELINES FOR THE STEMI PATIENT

Ancillary
- ECG 12 Lead STAT every 10 min with continuing CP
- RN pulse oximetry, adjust oxygen flow to obtain saturation above 95%

Laboratory
- CBC STAT
- Troponin T STAT
- CMP STAT
- CK/CKMB STAT
- PTT STAT
- PRO Time STAT

IV Fluids
Periph Line #1. Start 0.9% N/S 1000 ml @100 ml/hr until D/C. **Use 32” extension set**
Periph Line #1 Start Nitroglycerin concentration B, (400 mcg/ml D5W)(100mg/250ml)
Titrated to SBP 90 and pain, Cont. until D/C

Medications
- Aspirin 325mg STAT
- Heparin Inj 60 u/kg IV push Now (maximum dose 4000u)
- Metoprolol 5mg IV push every 5 minutes Times 3 as tolerated**
- Plavix 600 mg P.O. now

Physician to Nurse
- Record estimated height, weight, and allergies

Time permitting
- Have patient void before leaving for Cath Lab
- Foley catheter at patient request PRN
- Mark peripheral pulses
- Prepare patient for cath Lab, no clothing, plastic snap gown, portable 02 and monitor

**Consider BB for hypertensive patients**

Important occurrences to document and time benchmarks

1. ED Arrival
2. Mode Patient arrived in ED (PV, EMS w/ECG, EMS w/o ECG)
3. 1st ECG time, subsequent ECG times, 1st ECG time when STEMI is diagnosed
4. Any delays that occur in ED – Pt refusal, cardiac arrest, intubation, etc.
5. Time patient departs the ED

Time goals – Time is Muscle!
- ED arrival to ECG within 10 minutes