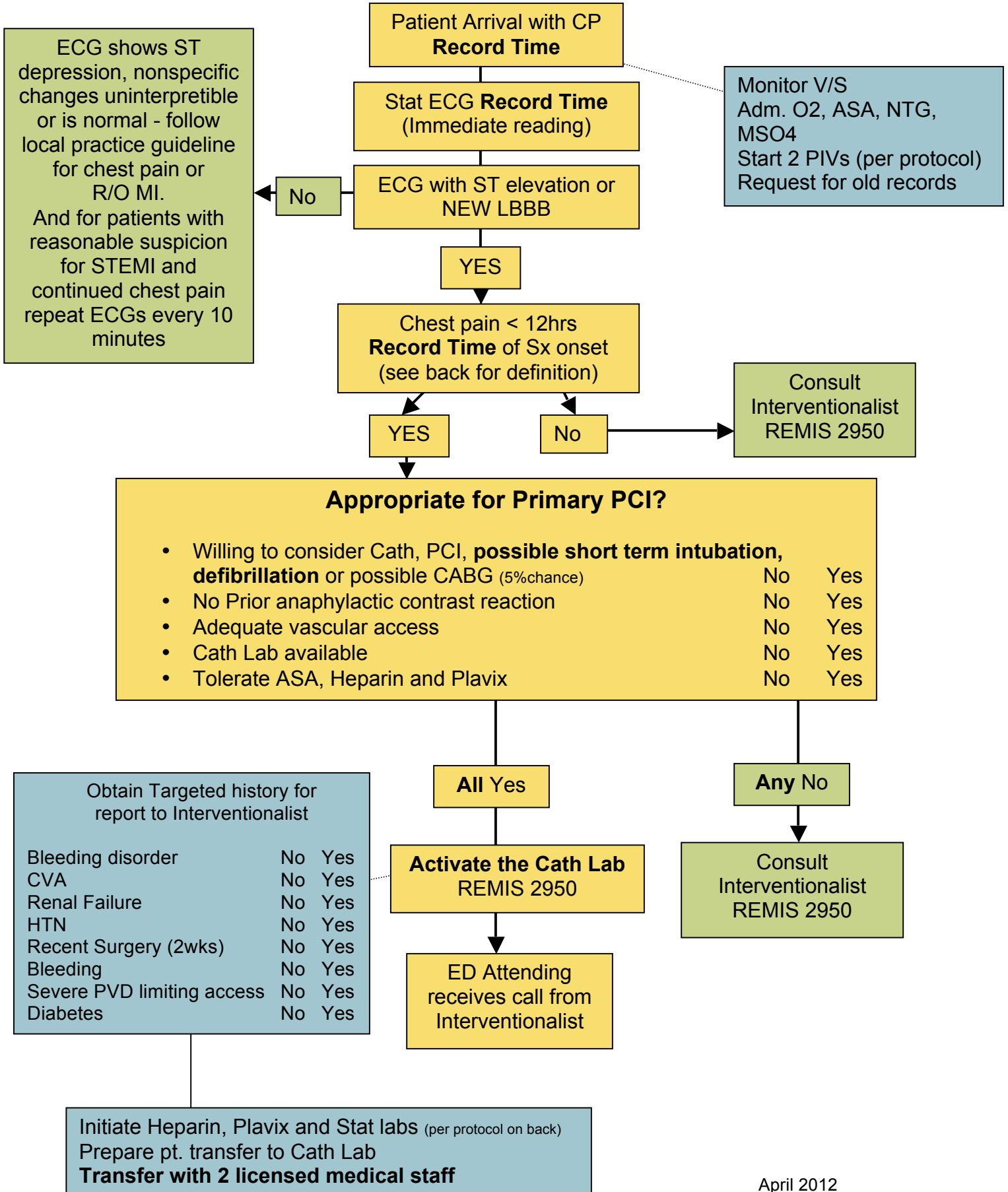


STEMI PATHWAY



Patients Emergently Reperused by Facilities United for STEMI Excellence

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)
Titrate 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 O2 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