

Mock Patient Profile for STEMI Management

STEMI Therapy Guidelines

Initial Assessment:

Confirm STEMI diagnosis via ECG showing ST-segment elevation.

Assess symptom onset time to determine treatment window.

Reperfusion Therapy:

Primary PCI (Percutaneous Coronary Intervention): Recommended if symptom onset within 12 hours and PCI can be performed within 90 minutes of first medical contact.

Fibrinolytic Therapy: Consider if PCI is not available within 120 minutes and no contraindications exist, especially within 12 hours of symptom onset.

Adjunctive Pharmacotherapy:

Antiplatelets: Aspirin immediately, followed by P2Y₁₂ inhibitor.

Anticoagulants: Unfractionated heparin (UFH), enoxaparin, or bivalirudin, especially if undergoing PCI.

Beta-blockers: Early administration unless contraindicated (e.g., heart failure, low output state).

ACE Inhibitors: Within 24 hours for patients with LV dysfunction, hypertension, or diabetes.

Statins: High-intensity statin therapy initiated as soon as possible.

Risk Stratification:

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Use clinical findings, ECG, and echocardiography to assess risk and guide further therapy.

Special Considerations:

Address contraindications for each therapy based on patient history and current clinical status.

Consider patient-specific factors such as history of hypertension, hyperlipidemia, diabetes, and previous cardiovascular events.