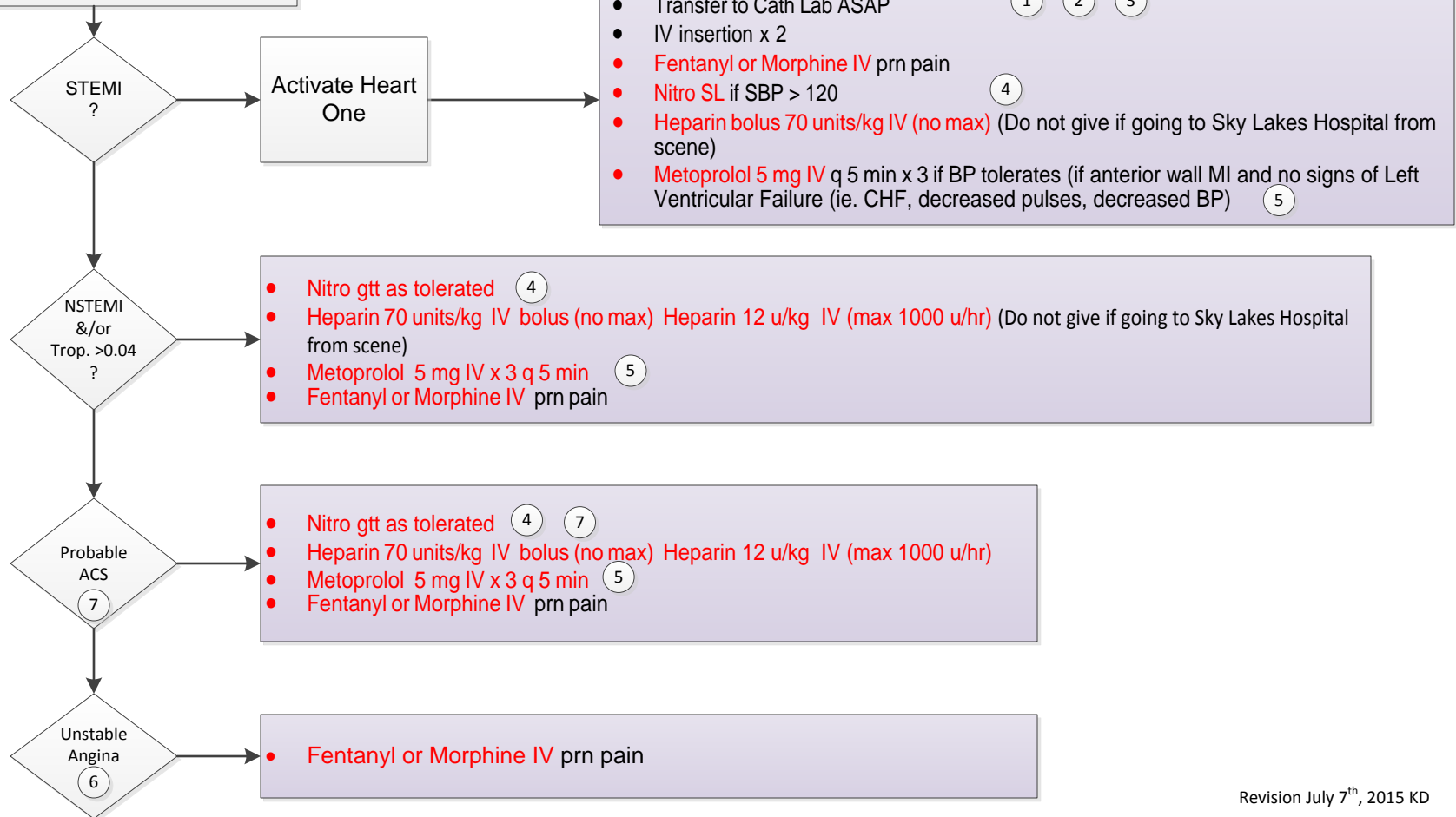


STEMI and Acute Coronary Syndrome

- Oxygen NC
- 12 Lead EKG
- ASA 81 mg po x 4
- IV NS TKO



ATTENTION

If patient is a STEMI who has received a Thrombolytic of any kind from a sending hospital, **Heparin** must be followed immediately upon it's completion at the STEMI bolus and infusion dosing.

Revision July 7th, 2015 KD

1. If inferior or posterior changes consider Right Ventricular MI. Obtain Right V3 lead EKG. Treat with IV NS 250- 500 ml bolus. Avoid high-dose Nitro.
2. ST elevation > 1 mm within 2 consecutive leads.
3. Hold any interventions that would slow transfer ie: Nitro gtt, Heparin gtt, Integrilin gtt., However if patient is on a longer transport ie: Burns to Bend, continue or start gtt as appropriate.
4. Nitroglycerin is contraindicated in hypotension and with concomitant use of Viagra or other erectile dysfunction agents.
5. Hold Metoprolol if CHF, low output state, risk for cardiogenic shock (HR >100, SBP < 100, age > 75).
6. Known Atherosclerosis, DM, or Age > 70 with prolonged definite Angina resolved, or Atypical angina with known CAD, no new EKG changes, Troponin normal.
7. No known CAD, risk factors present, atypical chest pain, no new EKG changes, Troponin not > 0.04.