STEMI and Acute Coronary Syndrome

kind from a sending hospital, Heparin must be followed immediatley upon it's completion at the STEMI bolus and Oxygen NC infusion dosing. 12 Lead EKG ASA 81 mg po x 4 IV NS TKO 2 3 Transfer to Cath Lab ASAP IV insertion x 2 Fentanyl or Morphine IV prn pain Activate Heart STEMI Nitro SL if SBP > 120 One Heparin bolus 70 units/kg IV (no max) (Do not give if going to Sky Lakes Hospital from scene) Metoprolol 5 mg IV g 5 min x 3 if BP tolerates (if anterior wall MI and no signs of Left Ventricular Failure (ie. CHF, decreased pulses, decreased BP) Nitro att as tolerated NSTEMI Heparin 70 units/kg IV bolus (no max) Heparin 12 u/kg IV (max 1000 u/hr) (Do not give if going to Sky Lakes Hospital &/or from scene) Trop. >0.04 Metoprolol 5 mg IV x 3 g 5 min Fentanyl or Morphine IV prn pain Nitro gtt as tolerated (4) Heparin 70 units/kg IV bolus (no max) Heparin 12 u/kg IV (max 1000 u/hr) Probable ACS Metoprolol 5 ma IV x 3 a 5 min (5) Fentanyl or Morphine IV prn pain

ATTENTION

If patient is a STEMI who has received a Thrombolytic of any

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- 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.

Unstable

Angina 6

- 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 gtts as appropriate.
- 4. Nitroglycerin is contraindicated in hypotension and with concomitant use of Viagra or other erectile dysfunction agents.

Fentanyl or Morphine IV prn pain

- 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.