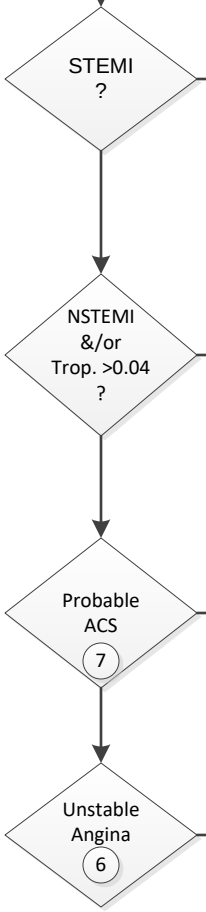
STEMI and Acute Coronary Syndrome

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

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



- Transfer to Cath Lab ASAP (1) (2) (3)
- IV insertion x 2
- Fentanyl IV prn pain
- Nitro SL if SBP > 100 (4)
- Heparin bolus 70 units/kg IV (no max) (Do not give if going to Sky Lakes Hospital from scene)
- Can be delayed - Metoprolol 5 mg IV q 5 min x 3 if BP tolerates (if anterior wall MI and no signs of Left Ventricular Failure (ie. CHF, decreased pulses, decreased BP) (5)

- Nitro gtt as tolerated (4)
- 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 from scene)
- Metoprolol 5 mg IV x 3 q 5 min (5)
- Fentanyl IV prn pain

- Nitro gtt as tolerated (4) (7)
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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 gtts 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.