PROTOCOL

ST-Elevation Myocardial Infarction: Management of Inpatients at MSJ

Site Applicability

Mount St. Joseph Hospital

Practice Level

Basic – General medical-surgical nurses: provide initial management of patient with symptoms suggestive of myocardial infarction (MI)

Specialized – High-Acuity Nurses: RNs with specialized training in high-acuity nursing assume care of patient once ST-elevation myocardial infarction (STEMI) identified.

Policy

When STEMI is diagnosed, a nurse with high-acuity training must assume care of the patient until and during transfer to St. Paul's cardiac catheterization lab.

Algorithm

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PROTOCOL DOCUMENT # B-00-13-10204

Inpatient with Signs and Symptoms of Cardiac Ischemia

Nursing: Initiate Chest Pain protocol MD: Complete Ischemic Pain Suspected -(B-00-13-10032 OR B-00-13-10021) Initial Management Orders (PHC-PH535) and notify physician Establish Diagnosis Clinical Criteria ECG Criteria ST elevation of 1 mm or more in any of the following: Symptoms of ischemia 2 or more anterior persisting 20 minutes or leads longer 2 or more inferior leads 2 or more posterior leads (V7 to V9) Must have both Clinical criteria and ECG Criteria to be diagnostic of STEMI If initial ECG non-diagnostic of STEMI but patient remains symptomatic and STEMI suspected - obtain serial ECGs Q 5 to 10 minutes until resolution of symptoms or declaration of MI * MD: Consult Emergency Physician if uncertain (SPH CICU cardiologist if after ED hours) STEMI diagnosed by MRP/Clin Assoc/ED-MD? YES Care and referrals as Ward RN: inform HAU of STEMI patient MD: Choose Management indicated by HAU RN: to patient's bedside to assume Strategy diagnosis and care, inform MSJ Clinical Site Coordinator clinical status Possible Not eligible Onset of delay in Primary for/declines ischemic symptoms PCI (more than 90 mins primary PCI/ within 12 hours from first medical fibrinolysis contact) **Primary PCI Strategy** MD: **Medical Management** MD: Consider fibrinolytic Activate Code HOT STEMI by calling Strategy therapy MD: Complete STEMI STEMI Fibrinolytic Specify Patient location (they will Medical Management Therapy Orders (PH538) assume ED) Orders (PHC PH539) PDTM: tenecteplase Complete STEMI Primary PCI Orders Requires transfer to HAU (PHC-PH537) MSJ Clinical Site Coordinator: Assess site needs re HAU and Code Blue coverage Assist with patient flow as required

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Need to Know

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Clinical Indication: Management of inpatients on non-critical care unit with chest pain or other symptoms suggestive of MI.

- Favourable outcomes from STEMI depend on rapid revascularization, most often via percutaneous coronary intervention (PCI).
- All urban Vancouver Coastal and Providence Health Care sites participate in a regional system for STEMI care, in which primary PCI is the preferred strategy for revascularization, in suitable patients. Triggering a "HOT STEMI" sets in motion the necessary steps to deliver the patient to the cath lab as quickly as possible.
- All efforts should be directed at expediting the transfer of the STEMI patient to St. Paul's Hospital cardiac cath lab as quickly as possible.

Protocol

See Algorithm

Documentation

 Document all assessments, interventions and patient's responses on the 24-hour Nursing Assessment Flowsheet and/or Interdisciplinary Progress Notes.

Patient and Family Education

Explain tests to patient; inform them of intention to transfer to St. Paul's cath lab, and what to expect Inform patient's family of their transfer, when time permits.

Evaluation

Expected Outcome - Patient will receive timely revascularization (within 90 minutes of symptom onset), with no complications.

Related Documents

- 1. PH535 Ischemic Pain Suspected Initial Management Prescribers' Orders
- 2. <u>B-00-13-10032</u> –Chest Pain Management Outside Critical Care

References

O'Gara, P. et al. (2012). 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction. A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;127:e362-e425.

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