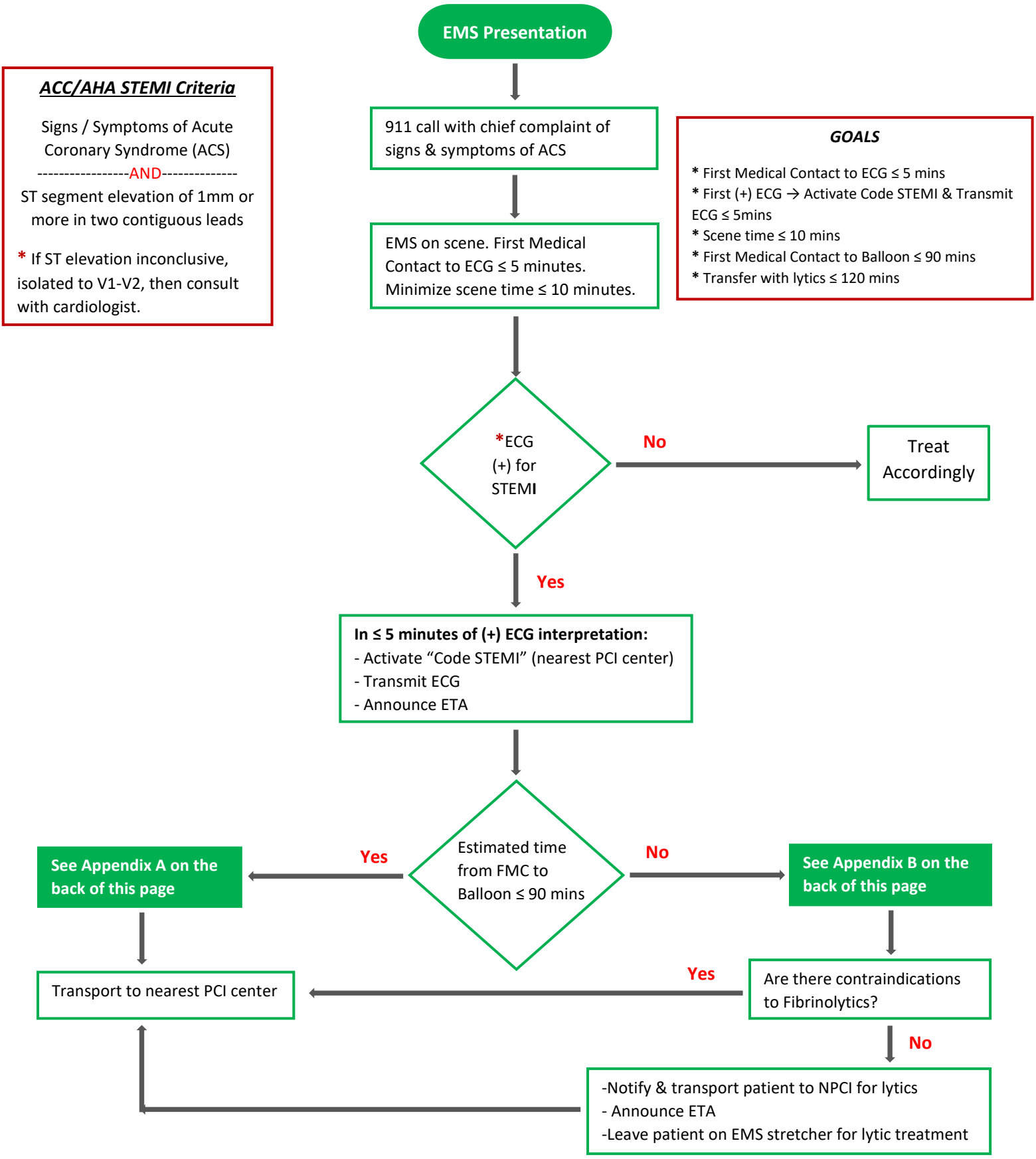
EMS: STEMI POINT OF ENTRY



Appendix A

Patient Priorities Prior to or During Transport

DO NOT DELAY TRANSPORT

- ❒ Oxygen- titrate to maintain O2 Sat between 94-99%
- ❒ Establish saline lock- large bore, (AC preferred, avoid hand)
- ❒ Chewable Aspirin PO: Adult 325mg; Baby 324mg
- ❒ Heparin 60 units/kg IV, max dose is 4,000 units (if available)
- ❒ Cardiac Monitor – attach d-fib pads
- ❒ Obtain vital signs and pain scale

Patient Care when time allows

DO NOT DELAY TRANSPORT

- ❒ Transmit ECG to nearest PCI Receiving center
- ❒ Establish 2nd saline lock – large bore, (avoid hand)
- ❒ Nitroglycerin 0.4mg SL every 5 min (max 3 doses) until pain subsides & SBP remains > 100 (Caution with Inferior MI)
- ❒ Morphine or Fentanyl IV PRN for chest pain unrelieved by NTG
- ❒ Consider antihypertensive agent for BP > 160/90

*Appendix B

Fibrinolytic Checklist:

Must be completed prior to administration. If any below are "yes", fibrinolysis may be contraindicated. Contact receiving physician for guidance.

Absolute Contraindications

❒Yes ❒No: Any prior intracranial hemorrhage
❒Yes ❒No: Known structural cerebral vascular lesion (ie: arteriovenous malformation)
❒Yes ❒No: Allergy to thrombolytics
❒Yes ❒No: Ischemic stroke < 3 months
❒Yes ❒No: Known malignant intracranial neoplasm
❒Yes ❒No: Suspected aortic dissection
❒Yes ❒No: Active bleeding or bleeding diathesis (excluding menses)
❒Yes ❒No: Significant closed-head or facial trauma < 3 months
❒Yes ❒No: Severe uncontrolled hypertension (unresponsive to emergency therapy)
❒Yes ❒No: Intracranial or intraspinal surgery within 2 months
❒Yes ❒No: For streptokinase, prior treatment within the previous 6 months

Relative Contraindications

❒Yes ❒No: History of chronic, severe, poorly controlled hypertension
❒Yes ❒No: Significant HTN on presentation (SBP >180mmHg or DBP > 110mmHg)
❒Yes ❒No: History of prior ischemic stroke > 3 months
❒Yes ❒No: Dementia
❒Yes ❒No: Known intracranial pathology not covered in absolute contraindications
❒Yes ❒No: Traumatic or prolonged CPR > 10 minutes
❒Yes ❒No: Recent internal bleeding (<4 weeks)
❒Yes ❒No: Major surgery < 3 weeks
❒Yes ❒No: Noncompressible vascular punctures
❒Yes ❒No: Pregnancy
❒Yes ❒No: Active peptic ulcer
❒Yes ❒No: Oral anticoagulant therapy

* Viewed as advisory for clinical decision making and may not be all-inclusive or definitive.

O'Gara, P.T. et al (2013). 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction. *Circulation,* 2013;127: e362-e425.
Doi: https://doi.org/10.1161/CIR.0b013e3182742c84