**ACC/AHA STEMI Criteria**

Signs / Symptoms of Acute Coronary Syndrome (ACS)  

-----------------AND--------------

ST segment elevation of 1mm or more in two contiguous leads

* If ST elevation inconclusive, isolated to V1-V2, then consult with cardiologist.

**GOALS**

* Door to ECG ≤ 5 mins
* First (+) ECG → Activate Code STEMI ≤ 5 mins
* Cardiologist/ Cath Lab team to arrive within 30 mins of STEMI activation
* Minimize ED time < 30 mins day time hours
* Minimize ED time < 45 mins after regular business hours
* Door to Balloon ≤ 90 mins. Aim for 60 mins.

**Chief complaint signs & symptoms of ACS**

Door to ECG completed & interpreted ≤ 10 minutes. ED physician to date, time & sign.

* ECG (+) for STEMI

In ≤ 5 minutes of (+) ECG interpretation:
- Activate “Code STEMI”

**See Appendix A on the back of this page**

Cath lab delays of ≥ 90 minutes

* Are there contraindications to Fibrinolytics?

**Transport to Cath Lab**

**Administer Tenecteplase (TNKase).** (See Primary Drug Treatment Plan on the back of this page)
**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
- Plavix 600mg PO **OR** Brilinta 180mg PO (not both)
- Heparin 60 units/kg IV (Max dose is 4,000 units)
- Cardiac Monitor – attach d-fib pads
- Obtain vital signs and pain scale

Patient Care when time allows

**DO NOT DELAY TRANSPORT**
- Fax/ transmit ECG to nearest PCI Receiving center
- Establish 2nd saline lock, large bore (avoid hand)
- Labs: CKMB, Trop I CBC, BMP, PT/INR, PTT
- 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

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**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 (i.e: 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-

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**Fibrinolytic Administration Guidelines**

***Primary Drug Treatment Plan***

- **Tenecteplase (TNKase)** IV over 5 seconds. Do NOT exceed 50mg. If unable to give TNKase, give Reteplase (Retavase).

<table>
<thead>
<tr>
<th>Patient Weight</th>
<th>TNKase Recombinant</th>
</tr>
</thead>
<tbody>
<tr>
<td>kg</td>
<td>mg</td>
</tr>
<tr>
<td>&lt;50</td>
<td>20</td>
</tr>
<tr>
<td>50 to &lt;70</td>
<td>40</td>
</tr>
<tr>
<td>70 to &lt;80</td>
<td>60</td>
</tr>
<tr>
<td>&gt;80</td>
<td>80</td>
</tr>
</tbody>
</table>

- **Heparin** 60 units/kg IV (Max dose 4,000 units)
- **Chewable Aspirin** PO: Adult 325mg; Baby 324mg
- Oxygen- titrate to maintain O2 Sat between 94-99%
- Repeat ECG 30 minutes after fibrinolitics administration, if possible

***Alternative Drug Treatment Plan***

- **Reteplase (Retavase)** 10 units IV over 2 minutes x 2 at 30 minute intervals
- **Heparin** 60 units/kg IV (Max dose 4,000 units)
- **Chewable Aspirin** PO: Adult 325mg; Baby 324mg
- Oxygen- titrate to maintain O2 Sat between 94-99%
- Repeat ECG 30 minutes after fibrinolitics administration, if possible

OR

- **Alteplase (tPA)** 90 min weight based infusion
- **Heparin** 60 units/kg IV (Max dose 4,000 units)
- **Chewable Aspirin** PO: Adult 325mg; Baby 324mg
- Oxygen- titrate to maintain O2 Sat between 94-99%
- Repeat ECG 30 minutes after fibrinolitics administration, if possible

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