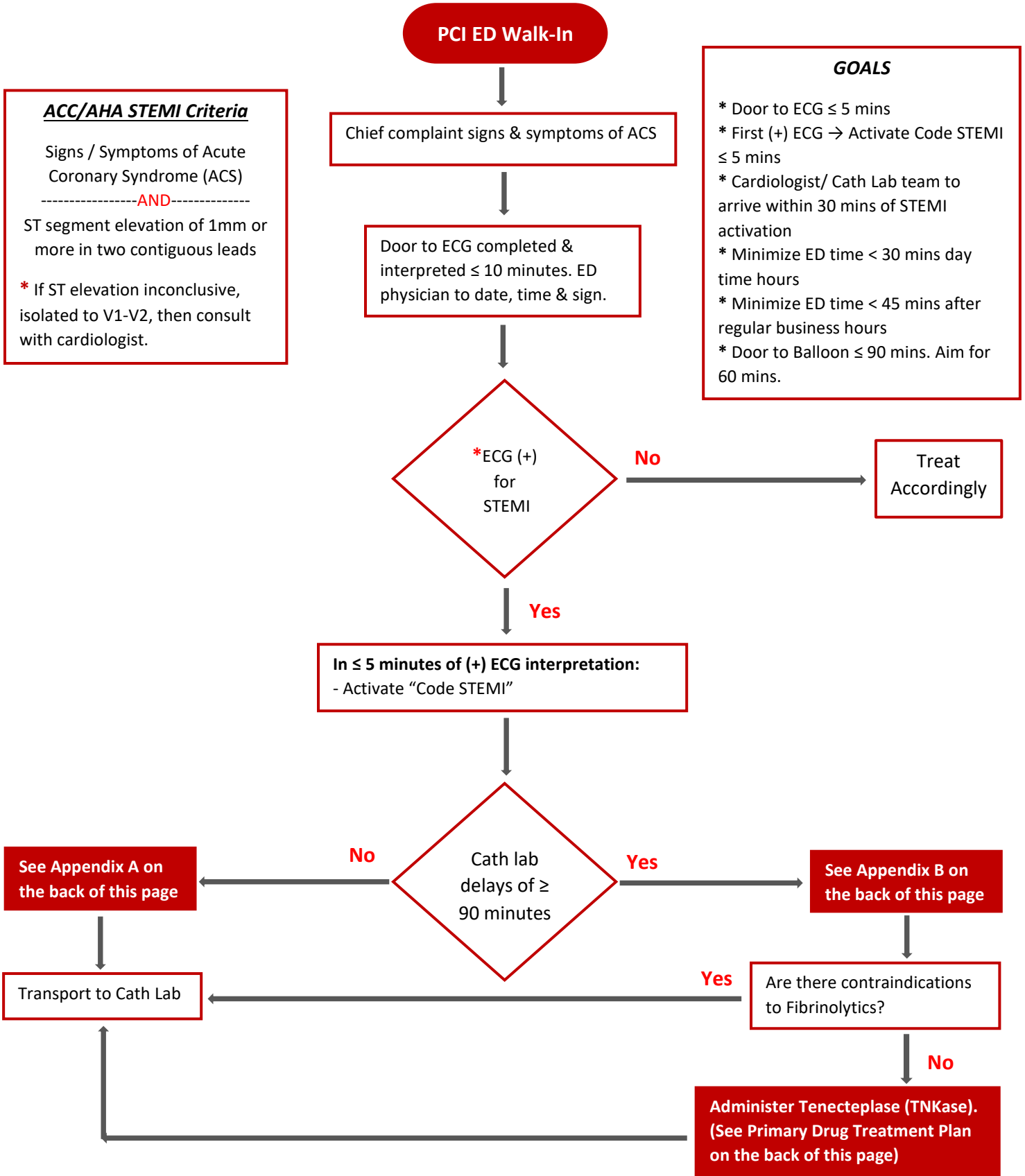


# PCI: STEMI POINT OF ENTRY



## 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
- 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 2<sup>nd</sup> 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

## \*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-

## 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).

Patient Weight		TNKase Reconstituted	
kg	lbs	mg	mL
<60	<132	30	6
60 to <70	132 to <154	35	7
70 to <80	154 to <176	40	8
80 to <90	176 to <198	45	9
≥90	≥198	50	10

- Clopidogrel (Plavix)**

Patient Age	Dose
≤75	300 mg PO loading dose
>75	75 mg PO dose

- 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 fibrinolytics 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 fibrinolytics 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 fibrinolytics administration, if possible**

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>