Statewide STEMI Guidelines for Non-PCI Hospitals

Primary PCI Pathway – FMC TO PCI ≤ 120 MIN

GOAL: Door-in to Door-out ≤30 minutes

NON-THROMBOLYTIC PATHWAY

State Heart Attack Advisory Council

STEMI Diagnostic Criteria

- ECG demonstrates ST elevation > 1 mm (0.1 mV) in at least 2 contiguous precordial leads (V1-V6) or at least 2 adjacent limb leads.
- ECG demonstrates new Left Bundle Branch Block (LBBB).
- If initial urgent (< 10 min) ECG is not diagnostic, but suspicion is high for STEMI, obtain serial ECGs at 5–10-minute intervals.

ECG Guidelines for PROMPT STEMI DIAGNOSIS

- EMS teams obtain ECG < 10 min of at patient time. If arrived by EMS, consider leaving the patient on the stretcher.
- When EMS field-transmitted ECG clearly confirms STEMI, consider saving time by not repeating ECG. Obtain printed EMS ECG.
- For the ED POV patient, **urgent** (< 5 min) **initial ECG** *and* MD interpretation (< 5 min time, sign, date).

pulsara®

Do Not Delay Transport – Quick, Clear Communication with PCI Facility

Utilize PULSARA to communicate STEMI, Transmit ECG, Make Calls

Refer to PCI facility STEMI telephone list as needed below

Limit non-essential paperwork and information that can be uploaded after Door-Out

Include name, sex, DOB, FMC time, time of ED arrival, onset of chest pain, medications given, diagnosis, Past medical and surgical history, treatment interventions, date/time of discharge, lab results.

Patient Care Priorities Prior to Transport or During Transport

IV Access

- ☐ Establish large bore IV with NS @ TKO, left arm preferred Lab Draw: cardiac biomarkers, CBC, CMP, PT/INR (May transmit results after door-out via Pulsara)

Vitals Monitoring

- ☐ Apply cardiac monitor and attach hands-free defibrillator pads
- ☐ Obtain vital signs/pain scale
- ☐ Apply Oxygen: Titrate to maintain 02 sat between 94-99%

Anticoagulation

- ☐ **Aspirin**: Chew 1 Adult 325 mg or 81 mg X 4 (Do not repeat if given prior to arrival.)

Administer **ONE** of the following:

- ☐ **Heparin** – IV loading dose 60 units/kg IVP (Max 4000 units)
- ☐ **Lovenox** – IV bolus 30 mg followed by 1 mg/kg SC (Max 100 mg) (Age > 70 No bolus, 0.75 mg/kg SC (Max 75 mg)

IN ADDITION, consider administering **ONE** of the following:

- ☐ **Ticagrelor** (Brilinta) – 180 mg PO
- ☐ **Clopidogrel** (Plavix) – 600 mg PO

Pain Relief

- ☐ Nitroglycerin 0.4mg SL Q5 min x 3 or Nitropaste PRN for chest pain (hold for SBP < 90). **Hold if Inferior MI suspected**.
- ☐ Administer analgesia IV PRN for chest pain: 1st option: Morphine sulfate; 2nd Option: Fentanyl

Hypertensive Urgency

- ☐ Consider giving Metoprolol (Lopressor) 50 mg PO if BP >160/90 and additional dose as clinically indicated. (Hold if SBP<120, HR <60, Sp)2 <90%, active CHF, or asthma)

Regional PCI-Capable Hospitals (Both 24/7 PCI & Not 24/7 PCI)

ALWAYS try Pulsara first. If hospital doesn't use Pulsara, please contact via number below

AR Valley:	
Baptist Health Medical Center –Fort Smith (Fort Smith, AR.)	501-202-4486 opt. 1
Mercy Hospital Fort Smith (Fort Smith, AR.)	479-314-6610
St. Mary's Regional Medical Center (Russellville, AR.)	479-964-5401
Central:	
Arkansas Heart Hospital (Little Rock, AR.)	501-580-3445 or 501-219-7562
Baptist Health Medical Center –Conway (Conway, AR.)	501-202-4486 opt. 1
Baptist Health Medical Center –Little Rock (Little Rock, AR.)	501-202-4486 opt. 1
Baptist Health Medical Center –North Little Rock (North Little Rock, AR.)	501-202-4486 opt. 1
Conway Regional Medical Center (Conway, AR.)	501-450-8318
CHI St. Vincent Infirmary (Little Rock, AR.)	501-552-2692
CHI St. Vincent North (North Little Rock, AR.)	501-552-7194
Encore Medical Center (Bryant, AR.) *Not 24/7	501-571-0844 or 501-213-4022
Saline Memorial Hospital (Benton, AR.)	501-249-1873
UAMS (Little Rock, AR.)	866-826-7363 or 501-686-6080
North Central:	
Baxter Health (Mountain Home, AR.)	870-508-3293 or 870-508-1000
Unity Health -White County Medical Center (Searcy, AR.)	501-281-2265
White River Medical Center (Batesville, AR.)	870-834-1906
Northeast:	
Arkansas Methodist Medical Center (Paragould, AR.) *Not 24/7	870-450-7300
Methodist University Hospital (Memphis, TN.)	901-831-2864
NEA Baptist Memorial Hospital (Jonesboro, AR.)	870-936-1137
St. Bernards Medical Center (Jonesboro, AR.)	870-207-5200
Northwest:	
Mercy Hospital Northwest Arkansas (Rogers, AR.)	479-338-2959 or 479-621-3514
Northwest Medical Center Bentonville (Bentonville, AR.)	479-301-6489
Northwest Medical Center Springdale (Springdale, AR.)	479-757-4555
Washington Regional Medical Center (Fayetteville, AR.)	479-463-7111
Southeast:	
Delta Regional Hospital (Greenville, MS.)	662-725-2000
Jefferson Regional Medical Center (Pine Bluff, AR.)	870-541-4085 or 870-541-7772
Southwest:	
CHI St. Vincent Hot Springs (Hot Springs, AR.)	501-622-6109 or 501-622-7114
CHRISTUS St. Michael Health System (Texarkana, TX.)	903-614-2519
National Park Medical Center (Hot Springs, AR.)	833-444-6762 or 501-620-1441
Ouachita Co. Medical Center (Camden, AR.) *Not 24/7	870-836-1521
South Arkansas Regional (El Dorado, AR.) *Not 24/7	870-444-0333
Wadley Regional Medical Center (Texarkana, TX.)	903-798-8880

Statewide STEMI Guidelines for Non-PCI Hospitals

Thrombolysis Pathway – FMC TO PCI > 120 MIN

GOAL: Door-to-Needle ≤30 minutes

TIME TO PRIMARY PCI > 120 MINS

State Heart Attack Advisory Council

STEMI Diagnostic Criteria

- ECG demonstrates ST elevation > 1 mm (0.1 mV) in at least 2 contiguous precordial leads (V1-V6) or at least 2 adjacent limb leads.
- ECG demonstrates new Left Bundle Branch Block (LBBB).
- If initial urgent (< 10 min) ECG is not diagnostic, but suspicion is high for STEMI, obtain serial ECGs at 5–10-minute intervals.

ECG Guidelines for PROMPT STEMI DIAGNOSIS

- EMS teams obtain ECG < 10 min of at patient time. If arrived by EMS, consider leaving the patient on the stretcher.
- When EMS field-transmitted ECG clearly confirms STEMI, consider saving time by not repeating ECG. Obtain printed EMS ECG.
- For the ED POV patient, **urgent** (< 5 min) **initial ECG** *and* MD interpretation (< 5 min time, sign, date).

pulsara®

Do Not Delay Transport – Quick, Clear Communication with PCI Facility

Utilize PULSARA to communicate STEMI, Transmit ECG, Make Calls

Refer to PCI facility STEMI telephone list on other side as needed

Limit non-essential paperwork and information that can be uploaded after Door-Out

Include name, sex, DOB, FMC time, time of ED arrival, onset of chest pain, medications given, diagnosis, Past medical and surgical history, treatment interventions, date/time of discharge, lab results.

IV Access

☐ Establish large bore IV with NS @ TKO, left arm preferred Lab Draw: cardiac biomarkers, CBC, CMP, PT/INR (May transmit results after door-out via Pulsara)

Vitals Monitoring

☐ Apply cardiac monitor and attach hands-free defibrillator pads
☐ Obtain vital signs/pain scale
☐ Apply Oxygen: Titrate to maintain 02 sat between 94-99%

ASSESS FOR CONTRAINDICATIONS TO THROMBOLYSIS

Presence of ONE of the following:

When contraindicated, follow Primary PCI Pathway

☐ Any prior intracranial hemorrhage
☐ Known structural cerebral vascular lesion (e.g., arteriovenous malformation)
☐ Known malignant intracranial neoplasm (primary or metastatic)
☐ Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 3 hours
☐ Suspected aortic dissection
☐ Active bleeding or bleeding diathesis (excluding menses)
☐ Significant closed-head or facial trauma within 3 months

Relative Contraindications to Thrombolysis

If relative contraindications present, please consult receiving cardiologist

1. History of chronic severe, poorly controlled hypertension
2. Severe uncontrolled hypertension on presentation (SBP more than 180 mm Hg or DBP more than 110 mm Hg)
3. History of prior ischemic stroke more than 3 months, dementia, or known intracranial pathology not covered in contraindications
4. Traumatic or prolonged CPR (over 10 minutes)
5. Major surgery (within last 3 weeks)
6. Recent internal bleeding (within last 2-4 weeks)
7. Non-compressible vascular punctures
8. For streptokinase/alteplase: prior exposure (more than 5 days ago) or prior allergic reaction to these agents
9. Pregnancy
10. Active peptic ulcer
11. Current use of oral anticoagulants (Warfarin, Dabigatran, Rivaroxaban, Apixaban, etc.)

Administer ONE of the following thrombolytics:

☐ **Tenecteplace (TNKase) (PREFERRED)**
Give IV over 5 seconds. DO NOT exceed 50mg/10mL

Patient Weight		TNKase Reconstituted	
kg	lbs	mg	mL
<60	<132	30	6
60 to <70	132 to <154	35	7
70 to <80	152 to <176	40	8
80 to <90	176 to <198	45	9
≥90	≥198	50	10

☐ **Reteplase (Retavase)** Alternative
10 units IV over 2 minutes x 2 at 30 min. intervals

☐ **Alteplase (tPA)** Alternative 90-min weight-based infusion

In Addition to Thrombolytic administer:

☐ **Clopidogrel (Plavix):**

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

☐ **Aspirin**: Chew 1 Adult 325 mg or 81 mg X 4
(Do not repeat if given prior to arrival.)

Administer **ONE** of the following:

☐ **Heparin** – IV loading dose 60 units/kg IVP (Max 4000 units)
☐ **Lovenox** – IV bolus 30 mg followed by 1 mg/kg SC (Max 100 mg)
(Age > 70 No bolus, 0.75 mg/kg SC (Max 75 mg)

IMMEDIATELY TRANSFER PATIENT TO PCI HOSPITAL

Keep PCI Facility Updated on Patient Symptoms

Version 10/2024