

STEMI (ST-Segment Elevation Myocardial Infarction) Protocol

PHYSICIAN ORDERS (Twin-Ports Inter-Hospital Transfer)

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DEFINITION FOR STEMI

- ECG demonstrates ST elevation greater than 0.1 MV in at least 2 contiguous precordial leads (V1-V6) or at least 2 adjacent limb leads
 - ECG demonstrates new LBBB
- (If initial ECG is not diagnostic but suspicion is high for STEMI, obtain serial ECG at 5-10 minute intervals)*

Top Priority:

ACTIVATE TRANSPORT
TELL THEM IT'S A **STEMI**

AIR TRANSPORT:

- Life Link Helicopter **1-800-328-1377**

Ground Transport:

- International Falls Ambulance Service **218-283-2929**

- ST. MARY'S (STAT DOC) Call: 1-877-786-4944**

Request Activation of STEP Protocol for **STEMI**
Fax records to SMDC Cath Lab: **1-218-786-4248**

- ST. LUKE'S Call: 1-800-306-2939**

Request Activation of St. Luke's Primary PCI for **STEMI**
Fax records to: **1-218-249-5180**

STANDARD ORDERS & LABS

- Apply Cardiac Monitor.
- Start (2) peripheral IV's (0.9% NaCl TKO or Saline lock)
- CK-MB and Troponin Glucose INR
- HP&D Magnesium aPTT
- Chem 8 Other:

Known Allergy to Iodine or IV Contrast? (Circle) Yes / No

Other Allergies, or other pertinent info:

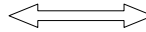
STANDARD MEDICATIONS

- Aspirin 324 mg chewed (4 x 81 mg)
- Heparin IV Bolus (60 Units/kg, max 4,000 Units)
- Heparin IV Drip* (12 Units/kg/hr, max 1,000 Units/hr)
*(If convenient, and does not delay transport)
- Other:

IF NEEDED MEDICATIONS

- Nitroglycerin IV or 0.4 mg SL
- Morphine Sulfate 1 - 5 mg IV
- Lorazepam (Ativan) 0.5 - 2 mg oral or IV
- Ondansetron (Zofran) 4 mg oral or IV
- Metoprolol (25 mg or 50 mg) oral x 1
- Metoprolol (2.5 mg or 5 mg) IV x 1
- Eptifibatid (Integrilin) per computerized protocol.
(Consult with Cardiologist before starting Integrilin)

Choose One Pathway



PRIMARY PCI

Goal: Medical Contact to Balloon **LESS THAN** 90 minutes

- Give **Plavix** 600 mg PO

Transport patient directly to Cath Lab for Percutaneous Coronary Intervention

Do not give Fibrinolytics (**TNKase, rPA, or TPA**)

FIBRINOLYSIS

Goal: Medical Contact to Needle **LESS THAN** 30 minutes

- Give **Tenecteplase IV (TNKase)** per attached protocol
 - Give **Plavix** 300 mg PO
(If patient over 75 years old, consult with cardiologist before giving Plavix)
- Transport patient directly to Duluth CCU
If patient fails to reperfuse, activate Cath Lab for PCI
Do not give Integrilin

Other Orders:

RLMC ED Phone: 218-283-7241 ED Fax: 218-283-5537
ED Physician (print name):

MD Signature: _____

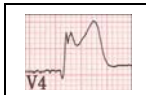
Date: _____ Time: _____

PHYSICIAN'S ORDERS

INT'L FALLS, MN



Patient Sticker:



STEMI (ST-Segment Elevation Myocardial Infarction) Protocol NURSING DOCUMENTATION (Twin-Ports Inter-Hospital Transfer)

Tenecteplase (TNKase) Dosing Use Computerized Protocol

Patient weight (kg)	TNK (mg)	TNK (mL)
Less than 60 kg	30 mg	6 mL
60 or more but less than 70	35 mg	7 mL
70 or more but less than 80	40 mg	8 mL
80 or more but less than 90	45 mg	9 mL
90 or more kg	50 mg	10 mL

ABSOLUTE CONTRAINDICATIONS FOR FIBRINOLYSIS (TNK) IN STEMI

- 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 FOR FIBRINOLYSIS: (TNK) IN STEMI

- History of chronic, severe, poorly controlled hypertension
- Severe uncontrolled hypertension on presentation (SBP more than 180 or DBP more than 110 mmHg)
- History of prior ischemic stroke more than 3 months, dementia, or known intracranial pathology not covered in contraindications
- Traumatic or prolonged CPR (over 10 minutes) or major surgery (within last 3 weeks)
- Recent internal bleeding (within last 2-4 weeks)
- Noncompressible vascular punctures
- For streptokinase/anistreplase: prior exposure (more than 5 days ago) or prior allergic reaction to these agents
- Pregnancy
- Active peptic ulcer
- Current use of anticoagulants: the higher the INR, the higher the risk of bleeding

CONTRAINDICATION FOR METOPROLOL

Do not give if any of the following: Signs of heart failure or shock, heart rate less than 60 or more than 110, systolic blood pressure less than 120, second or third degree heart block, asthma, or reactive airway disease.

Weight: _____ kg	Height: _____ in.	Age: _____ yrs
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Medication	Dose	Time(s)	Administered By: (Initials)
Aspirin (81 mg chew x 4)	324 mg		
Clopidogrel (Plavix) Oral	mg		
Heparin IV Bolus 60 Units/kg, max 4000 Units	Units		
Heparin IV Infusion 12 Units/kg/hr, max 1000 Units/hr	Units/hr		
Tenecteplase (TNKase) IV	mg (= mL)		
Nitroglycerin Sublingual	0.4 mg		
Nitroglycerin IV	mcg/min		
Morphine Sulfate IV	mg		
Lorazepam (Ativan) Oral	mg		
Lorazepam (Ativan) IV	mg		
Ondansetron (Zofran) Oral	4 mg		
Ondansetron (Zofran) IV	4 mg		
Metoprolol 25 mg or 50 mg Oral	mg		
Metoprolol 2.5 mg or 5 mg IV	mg		
Eptifibatid (Integrilin) IV Bolus 180 mcg/kg from 2 mg/mL vial	mL		
Eptifibatid (Integrilin) IV Infusion 2 mcg/kg/min using 0.75 mg/mL bottle	mL/hr		

Other documentation:

ST. MARY'S Call: 1-877-786-4944
Request Activation of STEP Protocol for **STEMI**
Fax records to SMDC Cath Lab: **1-218-786-4248**
Call Nursing report to CCU: **1-218-786-4631**

ST. LUKE'S Call: 1-800-306-2939
Request Activation of St. Luke's Primary PCI for **STEMI**
Fax records to: **1-218-249-5180**
Call Nursing report to SLH ED: **218-249-5616**

Please Document Times:

- _____ Chest Pain Onset
- _____ Pre-Hospital ECG time (if available)
- _____ Regional Hospital Arrival
- _____ Regional Hospital 1st ECG Time
_____ 2nd ECG Time (if 1st is negative)
- _____ Time Transport Called
- _____ STEMI Protocol Activation (STEMI Receiving Center Called)
- _____ Time Transport Arrives
- _____ Regional Hospital Departure

RN to:

- Apply Cardiac Monitor
- Start (2) peripheral IV's (TKO/saline lock)
- Verify routine Labs ordered

RN Initials:

Other documentation, labs, allergies, or information:

Copy All paperwork and send with patient
(ECG, Labs, Orders, etc.)

RN Name(s): _____

RN Initials: _____ Date: _____ Time: _____

NURSE DOCUMENTATION INT'L FALLS, MN

Patient Sticker:

