**STEMI PATHWAY**

**Patient Arrival with Chest Pain**

- **STAT ECG (Immediate reading)**
  - **ECG with ST elevation**
    - **YES**
    - Chest pain < 12hrs
      - Record Time of Sx onset (see back for definition)
      - **YES**
      - **Consult Interventionalist REMIS 2950**
      - **NO**
    - **NO**
      - **Consult Interventionalist REMIS 2950**
  - **NO**

**Appropriate for Primary PCI?**

- Willing to consider Cath, PCI, **possible short term intubation**, **defibrillation** or possible CABG (5%chance)
- No
- Yes

- No Prior anaphylactic contrast reaction
- No
- Yes

- Adequate vascular access
- No
- Yes

- Cath Lab available
- No
- Yes

- Tolerate ASA, Heparin and Plavix
- No
- Yes

- Patient code status is not DNR
- No
- Yes

**Obtain targeted history for report to Interventionalist**

- Bleeding disorder: No
- Yes
- CVA: No
- Yes
- Renal Failure: No
- Yes
- HTN: No
- Yes
- Recent Surgery (2wks): No
- Yes
- Bleeding: No
- Yes
- Severe PVD limiting access: No
- Yes
- Diabetes: No
- Yes

**All Yes**

- **Activate the Cath Lab REMIS 2950**
  - **ED Attending receives call from Interventionalist**

**Any No**

- **Consult Interventionalist REMIS 2950**

- **Initiate Heparin, Plavix and STAT labs (per protocol on back)**
- **Prepare patient for transfer to Cath Lab**
- **Transfer with 2 licensed medical staff on telemetry**

Revised July 2019
### Symptom Onset Definition

- For patients reporting symptoms initially intermittent and subsequently constant, the onset time is defined as the time of change from intermittent to constant symptoms.
- Patients reporting symptoms that were initially mild and subsequently changed to severe, the onset time is defined as the time of change in symptom severity.
- For patients with both, the change in symptom severity is given preeminence in determining symptom onset time.

~AHA/ACC definition

### PHYSICIAN ORDER GUIDELINES FOR THE STEMI PATIENT

#### Ancillary
- ECG 12-Lead STAT, every 10 min with continuing CP
- RN pulse oximetry; administer supplemental oxygen to obtain saturation above 92%

#### Laboratory
- CBC STAT
- CMP STAT
- Troponin T STAT
- PTT STAT
- PRO Time STAT

#### IV Fluids – Avoid IVs in Right Hand or Wrist!
- Periph Line #1. Start 0.9% N/S 1000 ml @100 ml/hr until D/C. **Use 32” extension set**
- Periph Line #1 Start Nitroglycerin concentration B, (400 mcg/ml D5W)(100mg/250ml) Titrate to SBP 90 and pain, Cont. until D/C

#### Medications
- Aspirin 324mg STAT
- Heparin Inj 60 u/kg IV push Now (maximum dose 4000u)
- Plavix 600 mg PO Now
- Consider BB/nitrates for hypertensive patients

#### Physician to Nurse
- Record estimated height, weight, and allergies

#### Prepare Patient for Transfer to Cath Lab
- Patient on stretcher and ready
- No clothing, plastic snap gown, prep groin (time permitting)
- Portable monitor and O2

### Important occurrences to document and time benchmarks

1. ED Arrival
2. Mode Patient arrived in ED (PV, EMS w/ECG, EMS w/o ECG)
3. 1st ECG time, subsequent ECG times, ECG time when STEMI is diagnosed
4. Any delays that occur in ED – Pt refusal, cardiac arrest, intubation, Cath Lab not available, etc.
5. Time patient departs the ED

### Time goals – Time is Muscle!
- ED arrival to ECG within 10 minutes
- Door to Balloon within 60 minutes