LRI ED STEMI management

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STEMI suspected ₹

Manage patient in

- ER if haemodynamically unstable, in severe pain or vomiting
- In Ambulance Assessment or Majors if stable
- Note time patient called 999
- Designate patient 'DPS-1'
- Ensure continuous ECG monitoring
- Alert an ED senior doctor IMMEDIATELY

STEMI ruled out by ED senior doctor, or is case complicated by additional pathology (e.g. head injury or GI bleed)?



Contraindications to thrombolysis include

- Stroke within last 2 months
- Head injury within last 4 weeks
- Surgery within last 2 weeks (including dental extraction)
- LP within last 4 weeks
- Current pregnancy
- Childbirth within last 18 weeks
- Active peptic ulceration or other GI blood loss
- Oesophageal varices
- Current anticoagulation (unless INR known to be <2)
- Severe liver disease or clotting disorder
- Acute pancreatitis
- Aortic dissection
- Active pulmonary disease with cavitations
- Cerebral neoplasm
- Systolic BP >160 (NB: this can often be managed by good analgesia and urgent IV betablockade or GTN infusion)

Arrange time-critical transfer

Dial 999 and request 'ambulance for time-critical transfer of STEMI patient from LRI ED [state exact location] to GGH CCU'

Raise GGH STEMI alert

- Call GGH CCU red phone on 3222 and declare 'STEMI alert'
- Give patient details and time patient called ambulance
- NB: CCU staff will advise ED thrombolysis if cath lab will not be available in time to meet PCI 120min 'call-to-balloon' target

NB: STEMI transfers remain firmly within the remit of EMAS. Involve EPIC ASAP if resistance is encountered from ambulance control, and such incidents must be recorded on DATIX.

Manage as

appropriate

NB: DO NOT discuss case with CCU registrar, or attempt to fax ECG

ED thrombolysis advised?

Check for contraindications to thrombolysis

Thrombolysis contraindicated?



Tenecteplase dosing

- Less than 60kg 30mg = 6mL60 to less than 70kg 35mg = 7mL
- 70 to less than 80kg 40mg = 8mL
- 80 to less than 90kg 45mg = 9mL
- 90 kg or greater 50mg = 10mL

ED thrombolysis in time to meet 60min 'call to needle' target

- Move patient to the ER (if not already)
- Cancel time-critical transfer
- Tenecteplase IV bolus over 10 seconds
- Provide opiate analgesia / antiemetic
- Ensure Aspirin 300mg PO was given
- Insulin sliding scale if Glucose >10

- time-critical transfer of STEMI patient from LRI ED [state exact
- Registered ED nurse escort required

Prepare patient for primary percutaneous intervention (PPCI)

- Ensure patient has had Aspirin 300mg PO
- Ideally while waiting for ambulance (but do allow this to not delay transfer)
- · Provide opiates / analgesia / antiemetic
- Change patient into gown / paper pants
- Escort required ONLY if patient receiving drugs via infusion pump or if no paramedic crew dispatched (registered ED nurse)

(Re)arrange time-critical transfer

 Dial 999 and request 'ambulance for location] to GGH CCU'

'Blue-light' patient to GGH CCU