

# Acute STEMI Guideline

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## 1) *Acute STEMI is identified in ED:*

- Page both Cards fellow AND resident within 5 minutes of identification
- ED will provide: Duration of symptoms, Thrombolytic indications and contraindications, vital signs, cardiopulmonary exam, and stool guaiac.
- Cardiology evaluates while ED obtains further information: Right/Posterior leads, further history and physical exam

## 2) *Is SFGH Cath Lab available?*

- Yes -> go to SFGH cath lab
- No (or can't be determined <= 25 minutes) -> Initiate transfer (or lysis)

## 3) *Which patients should definitely be transferred if SFGH cath unavailable?*

- Pts with shock
- Pts with contraindications – see table
- Pts who fail lysis (no reperfusion arrhythmias or improvement in ST elevation in first hour)
- For all other patients: transfer vs thrombolysis based on clinician preference/judgment

## 4) *How to initiate transfer?*

- A. Request ambulance
    - Ask ED Charge RN to obtain transfer ambulance
    - If Critical Care Transport ambulance is significant delayed (> 1 hr) AND no drips are running, an ALS ambulance can be considered
  - B. Alert Transfer coordinator
  - C. Call Accepting MD
    - Attending or senior EM resident calls
    - Insurance status should not be requested
- Remo Morelli (St Mary's )
- 666-3220 = 24 hr answering service)
  - If unsuccessful, cell =279-0521
- OR
- Peter Hui ( CPMC)
- Cell = 730-5102
- D. Determine Transfer meds & doses.
    - ASA, BB blocker, and IVUFH bolus w/o drip is ideal - 60u/kg up to 4000u bolus
    - Point out that 2b3a administration currently adds about 30 mins to txfr, but order it if requested.
  - E. Provide Cards fellow with accepting Cardiologist name and phone #

## Contraindications to Thrombolytics

1. **Active bleeding or recent GI or GU bleeding**– i.e check guaiac
2. **History of cerebrovascular accident**
3. **Recent trauma or major surgery, e.g., coronary artery bypass graft, obstetrical delivery, organ biopsy, previous puncture of noncompressible vessels**
4. **Systolic BP > 180 mm Hg or diastolic BP > 110 mm Hg**
5. **Suspected Aortic Dissection/ left heart thrombus (e.g., mitral stenosis with atrial fibrillation), Pericarditis, SBE**
6. **INR >1.5 (coumadin or Liver disease) or recent GP IIb/IIIa inhibitors**
7. **Renal Failure**
8. **Pregnancy**
9. **Diabetic hemorrhagic retinopathy or other hemorrhagic ophthalmic conditions**
10. **Septic thrombophlebitis or occluded AV cannula at seriously infected site**
11. **Some say advanced age**