DEFINITION FOR STEMI: ST elevation at the J point in at least 2 contiguous leads of ≥2 mm (0.2 mV) in men or ≥1.5 mm (0.15 mV) in women in leads V2–V3 and/or of ≥ 1 mm (0.1 mV) in other contiguous chest leads or the limb leads. New or presumably new LBBB at presentation occurs infrequently, may interfere with ST-elevation analysis, and should not be considered diagnostic of acute myocardial infarction (MI) in isolation. If doubt persists, immediate referral for invasive angiography may be necessary. (If initial ECG is not diagnostic but suspicion is high for STEMI, obtain serial ECG’s at 5-10 minute intervals)

STANDARD ORDERS & LABS

- Apply Cardiac Monitor.
- Start (2) peripheral IV’s (0.9% NaCl TKO or Saline lock)
- CK-MB and Troponin
- Glucose
- INR
- (Standard) Panel
- Magnesium
- aPTT

Other:

- Known Allergy to Iodine or IV Contrast? (Circle) Yes / No
- Other Allergies, or other pertinent info:

When choosing STEMI treatment strategy of PRIMARY PCI or FIBRINOLYSIS pathway, consider:
- Estimated transport time from 1st Medical Contact to PCI facility: ____________ minutes
- Symptom onset: ____________ hours ago
- Contraindications or Precautions to Lytics: Yes / No

(see next page for absolute and relative contraindications for Fibrinolysis)

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

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

ST. LUKE’S Call: 1-800-306-2939

Request Activation of STEMI Protocol
Fax records to: 1-218-249-5180

AIR TRANSPORT: □ Life Link III HELICOPTER 1-800-328-1377
□ North Air Dispatch 1-800-247-0229

Ground Transport: □ ______________________________

MD Orders

Regional Hospital Name: ________________
Regional Hospital City: ________________

Current February 2013
Tenecteplase (TNKase) Dosing

<table>
<thead>
<tr>
<th>Patient weight (kg)</th>
<th>TNK (mg)</th>
<th>TNK (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 60 kg</td>
<td>30 mg</td>
<td>6 mL</td>
</tr>
<tr>
<td>60 or more but less than 70</td>
<td>35 mg</td>
<td>7 mL</td>
</tr>
<tr>
<td>70 or more but less than 80</td>
<td>40 mg</td>
<td>8 mL</td>
</tr>
<tr>
<td>80 or more but less than 90</td>
<td>45 mg</td>
<td>9 mL</td>
</tr>
<tr>
<td>90 or more kg</td>
<td>50 mg</td>
<td>10 mL</td>
</tr>
</tbody>
</table>

**ABSOLUTE CONTRAINDICATIONS FOR FIBRINOLYSIS (TNK) IN STEMI**
1. Any prior intracranial hemorrhage
2. Known structural cerebral vascular lesion (e.g., arteriovenous malformation)
3. Known malignant intracranial neoplasm (primary or metastatic)
4. Ischemic stroke within 3 months except acute ischemic stroke within 3 hours
5. Suspected aortic dissection
6. Active bleeding or bleeding diathesis (excluding menses)
7. Significant closed-head or facial trauma within 3 months

**RELATIVE CONTRAINDICATIONS FOR FIBRINOLYSIS: (TNK) IN STEMI**
1. History of chronic, severe, poorly controlled hypertension
2. Severe uncontrolled hypertension on presentation (SBP more than 180 or DBP more than 110 mmHg)
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) or major surgery (within last 3 weeks)
5. Recent internal bleeding (within last 24 hours)
6. Noncompressible vascular punctures
7. For streptokinase/anistreplase: prior exposure (more than 5 days ago) or prior allergic reaction to this agent
8. Pregnancy
9. Active peptic ulcer
10. 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.

**Please Document Times:**
1. _____________ Chest Pain Onset
2. _____________ Pre-Hospital ECG time (if available)
3. _____________ Regional Hospital Arrival
4. _____________ Regional Hospital 1st ECG Time
5. _____________ 2nd ECG Time (if 1st is negative)
6. _____________ STEMI Protocol Activation (STEMI Hospital 1st Called)
7. _____________ Time Transport Arrives
8. _____________ Regional Hospital Departure

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

**ST. MARY’S Hospital**
1. **Call: 1-877-786-4944** Request Activation of STEMI Protocol
2. **Fax** records to Cath Lab: **1-218-786-4248**
3. **Call: 1-877-786-4944** again, when patient leaves your hospital to update ETA, then have call transferred to CCU to give Nursing report
   (If needed -CCU phone #: **1-218-786-4631**)

**ST. LUKE’S Hospital**
1. **Call: 1-800-306-2939** Request Activation of Primary PCI for STEMI
2. **Fax** records to: **1-218-249-5408**
3. **Call** Nursing report to SLH ED: **218-249-5616**

**Notes:**

**RN to:**
1. Apply Cardiac Monitor
2. Start (2) peripheral IV's (TKO/saline lock)
3. Verify routine Labs ordered

**Other documentation, labs, allergies, or information:**

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

**RN Name(s):**
**Date:**

**RN Initials:**

**NURSE DOCUMENTATION**

Regional Hospital Name: ____________________________
Regional Hospital City: ____________________________
Current February 2013

**Patient Name:**