### DEFINITION FOR STEMI:
ST elevation at the J point in at least 2 contiguous leads of $\geq$ 2 mm (0.2 mV) in men or $\geq$ 1.5 mm (0.15 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)*

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

### 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

### 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:

### IF NEEDED MEDICATIONS
- Nitroglycerin IV or 0.4 mg SL
- Morphine Sulfate 1 - 5 mg IV
- Diazepam (Valium) 5 – 10 mg oral or IV
- Ondansetron (Zofran) 4 mg oral or IV
- Metoprolol (Zofran) 2.5 mg or 5 mg IV x 1
- Eptifibatide (Integrilin) per standard
  *(Consult with Cardiologist before starting Integrilin)*

### Choose One Pathway

#### PRIMARY PCI
- **Aspirin 324 mg** chewed x 1
- Ticagrelor (Brilinta) 180 mg PO OR **Clopidogrel (Plavix) 600 mg** PO
  *(Choose Brilinta or Plavix, but not both!)*
- **Heparin IV Bolus** (70 Units/kg, max 5,000 Units)
- **Heparin IV Drip** (15 Units/kg/hr, max 1,000 Units/hr)
  *Transport patient directly to Cath Lab for Percutaneous Coronary Intervention*
  *Do not give Fibrinolytics (TNKase, rPA, or TPA)*

### FIBRINOLYSIS and Transfer
- Tenecteplase IV (TNKase) “Full” dose Lytic per attached protocol
- **Aspirin 324 mg** chewed x 1
- **Clopidogrel (Plavix) 300 mg** PO
  *(If patient over 75 years old, consult with cardiologist before giving Plavix)*
- **Heparin IV Bolus** (60 Units/kg, max 4,000 Units)
- **Heparin IV Drip** (12 Units/kg/hr, max 1,000 Units/hr)
  *Transport patient directly to PCI capable hospital.*

### PHYSICIAN’S ORDERS
Regional Hospital Name:
Regional Hospital City:

*Current November 2013*
Medication | Dose | Time(s) | Administered By: (Initials)
--- | --- | --- | ---
Aspirin (81 mg x 4) (Chew) Oral | 324 mg | | |
Clopidogrel (Plavix) Oral | mg | | |
For PCI only - Ticagrelor (Brilinta)* | 180 mg | | |
Heparin IV Bolus PCI Dose 70 U/kg, max 5000 Units | Units | | |
Heparin IV Infusion PCI Dose 15 U/kg/hr, max 1000 U/hr | Units/hr | | |
Ticagrelor (Brilinta)* | 180 mg | | |
Nitroglycerin Sublingual | 0.4 mg | | |
Nitroglycerin IV | mcg/min | | |
Morphine Sulfate IV | mg | | |
Diazepam (Valium) Oral or IV | mg | | |
Ondansetron (Zofran) Oral or IV | 4 mg | | |
Metoprolol 25 mg or 50 mg Oral | mg | | |
Metoprolol 2.5 mg or 5 mg IV | mg | | |
Eptifibatide (Integrilin) IV Bolus | 180 mcg/kg from 2 mg/mL vial | | |
Eptifibatide (Integrilin) IV Infusion | mL/hr | | |

**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 2-4 weeks)
6. Non-compressible vascular punctures
7. For Streptokinase/Anistreplase: prior exposure (more than 5 days ago) or prior allergic reaction to these agents
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 bpm or more than 110 bpm, systolic blood pressure less than 120 mmHg, second or third degree heart block, asthma, or reactive airway disease.

**Contract Format**
1. **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)

2. **ST. LUKE’S Hospital**
   1. Call: 1-800-306-2939 Request Activation of STEMI Protocol
   2. Fax records to: 1-218-249-5180
   3. Call Nursing report to SLH ED: 218-249-5616

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

**NURSE DOCUMENTATION**
Regional Hospital Name: 
Regional Hospital City: Current November 2013

**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:**

**RN Name(s):**

**Date:**

**Patient Name:**