Clinical Standard-Myocardial Infarction

Acute Myocardial Infarction With ST elevation	**EMERGENCY DEPT (0-2 HOURS)** ED TRIAGE TIME:_____
CONSULTS	Cardiology Service Resident
ASSESSMENT	Reperfusion Therapy Criteria: Acute MI:[1] EKG 1. >1 mm ST segment elevation in >2 limb leads or contiguous precordial leads 2. New or presumed new LBBB 3. ST depression prominent R wave in leads V2 & V3, if thought to be posterior MI. Time from Onset of Symptoms: < 6 hours: most beneficial 6-12 still worthwhile > 12 hours little benefit unless ongoing chest pain or a "stuttering" course Consider Primary PTCA:when cath lab and angioplasty is available within one hour of presentation. Decision time____ Needle time_____
TESTS	- EKG time _____ - CXR - SMA 7, - CPK, CK/MB and/or Troponin-I - CBC - PT, PTT (Other tests for co-morbid conditions)
TREATMENT	- IV two large bore - 02 nasal canula
MEDICATIONS ROUTINE	1. ASA (160-325 mg--chew and swallow) 2. SL NTG: test for Prinzmetal's angina, reversible spasm; anti-ischemic, anti-hypertensive effect 3. Analgesia:like morphine 2-4 mg PRN 4. B-blockers:like Metoprolol 5mg IVx3 5. Consider ACE inhibitors
HEPARIN	- For acute MI with t-PA Heparin 18u/Kg/hr, with bolus 80u/Kg Target APTT 50-70 sec. Enoxiparin with t-PA not well studied. - *Hold Heparin at least 12 hours with streptokinase*
THROMBOLYTICS	**t-PA** Alteplase 15 mg bolus, then 50 mg 30 min, then 35 mg 60 min (Wt base< 67Kg) (***contraindications-Hyperlink***) **Streptokinase** 1.5 million U IV over 1 hour.
INTEGRILIN	The use of t-PA with Integrilin needs Cardiologist Approval. First 24 hours post MI with Streptokinase-AVOID