**Mission: Lifeline Montana STEMI**

**Inter-Hospital Transfer Guideline-Thrombolytic**

**Benefis – Great Falls**

Phone: 1-800-972-4000 or 406-455-4320 Fax: 406-455-4584

**Billings Clinic - Billings**

Phone: 1-800-325-1774 Fax: 406-657-3843

**Bozeman Deaconess - Bozeman**

Phone: 406-414-1000 Fax: 406-414-5001

**Community Medical Center - Missoula**

Phone: 406-327-4171 Fax: 406-327-4504

**Kalispell Regional Medical Center - Kalispell**

Phone: 406-752-1733 Fax: 406-756-4717

**St. James Healthcare - Butte**

Phone: 1-844-202-2495 Fax: 406-723-2517

**St. Patrick’s Hospital - Missoula**

Phone: 1-888-878-7287 Fax: 406-329-5639

**St. Peter’s Hospital - Helena**

Phone: 406-444-2150 Fax: 406-447-2695

**St. Vincent’s Hospital - Billings**

Phone: 1-800-331-0222 Fax: 406-237-4125

 ***AHA Mission: Lifeline Ideal STEMI Treatment Goals*** *(*for all eligible patients receiving any reperfusion (PCI or fibrinolysis therapy)***:***

* **First Medical Contact-to-First ECG** time ≤10 minutes
* Fibrinolytic–eligible patients with **Door-to-Needle** time ≤ 30 minutes
* Patients transferred for Primary PCI to a Receiving Center with referring center **Door in- Door out** time *(Length of Stay)* ≤ 45 minutes (guideline recommendation is ≤ 30 minutes)
* Patients transferred for Primary PCI to a Receiving Center with referring center **First Medical Contact -to-PCI device time** ≤ 120 minutes *(includes transport time)*
* All STEMI patients without a contraindication receiving **aspirin** before ED discharge

***For those patients with a contraindication to transfer for PCI, ensure the following are completed during their hospitalization:***

* Aspirin within 24 hours of hospital arrival and aspirin at discharge
* Beta blocker at discharge
* Statin therapy or lipid lowering drugs
* STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
* STEMI patients who smoke receive smoking cessation counseling at discharge

**Diagnostic Criteria 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 (0.1mV) 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. Consult with PCI receiving center.**
* **ECG demonstrates evidence of ST depression suspicious for a Posterior MI consult with PCI receiving center.**

**\*\*\*If initial ECG is not diagnostic but suspicion is high for STEMI consider serial ECG’s at 5-10 minute intervals**

**Mission: Lifeline MT STEMI (ST-Segment Elevation Myocardial Infarction)**

**PHYSICIAN ORDERS- THROMBOLYTIC OPTION**

**ACTIVATE TRANSPORT and Determine transport mode**

**Contact PCI Center/Consult Cardiologist: DO NOT DELAY MEDICATIONS BELOW**

***ALL PATIENTS* must receive:**

1. **Aspirin** 324 mg chewed
2. **Heparin *or* Lovenox**

**□ Heparin IV Bolus** **(60 Units/kg, max 4,000 Units)  *AND***

 **Heparin IV Drip (12 Units/kg/hr, max 1,000 Units/h)**

***OR***

**□ Enoxaparin (Lovenox): Age < 75 yrs, 30 mg IV Push then 1 mg/kg SubQ 15 min**

 **later and then q 12 hours. SubQ Max Dose=100 mg  *OR***

**□ Enoxaparin (Lovenox): Age> 75 yrs, 0.75mg/kg SubQ and then q 12 hours**

 **SubQ Max Dose= 75 mg**

**If first medical contact to balloon expected > 120 minutes**

1. **FIBRINOLYSIS: Tenecteplase IV (TNKase)** or available thrombolytic

**\*\*Door to Lytic administration goal < 30 Minutes\*\***

|  |  |  |
| --- | --- | --- |
| **Less than 60 kg** | **30 mg** | **6 mL** |
|  **60 or more but less than 70** | **35 mg** | **7 mL** |
|  **70 or more but less than 80** | **40 mg** | **8 mL** |
|  **80 or more but less than 90** | **45 mg** | **9 mL** |
| **90 or more kg** | **50 mg** | **10 mL** |

1. **Plavix 300 mg** **PO** (If patient > 75 yrs, reduce dosage to 75 mg PO)

**FIBRINOLYSIS CONSIDERATIONS**

**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 mo except acute ischemic stroke within 4.5 hrs**

**5. Suspected aortic dissection**

**6. Active bleeding or bleeding diathesis (excluding menses)**

**7. Significant closed-head or facial trauma within 3 months**

**8. Intracranial or intraspinal surgery within 2 months**

**9. Severe uncontrolled hypertension (unresponsive to emergency therapy)**

**RELATIVE CONTRAINDICATIONS FOR FIBRINOLYSIS: (TNK) IN STEMI**

**1. History of chronic, severe, poorly controlled hypertension**

**2. Significant hypertension on presentation (SBP > 180 or DBP > 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 (> 10 minutes)**

**5. Major surgery (within last 3 weeks)**

**6. Recent internal bleeding (within last 2-4 weeks)**

**7. Noncompressible vascular punctures**

**8. Pregnancy**

**9. Active peptic ulcer**

**10. Current use of anticoagulants**

**Optional Medications**

**Nitroglycerin IV** or 0.4 mg SL

**Morphine Sulfate** 1 - 5 mg IV

**Ondansetron** (Zofran)4 mg PO or IV

**Metoprolol** 25 mg PO

CONTRAINDICATIONS FOR METOPROLOL:

Do not give if any of the following: Signs of heart failure or shock, heart rate less than 60 or more than110, systolic blood pressure less than 100, second or third degree heart block, severe asthma or reactive airway disease

**STANDARD ORDERS & LABS**

* **Apply Continuous Cardiac Monitor**
* **Vitals q 5 min x3, then q 10 min (with automatic BP and pulse oximetry)**
* **Insert (2) peripheral large bore IVs (0.9% NaCl @100mL/hr or Saline lock)**
* **Portable CXR STAT**
* **Labs: BMP, CBC, Troponin, Lipid profile, PT/INR, PTT, all labs STAT, do not delay transfer for results – Fax when available**

 **Administer Oxygen as needed** to keep SpO2 > 94%

**Patient Name:**

**Allergies:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Hospital**

□ **Call: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

□Send records with patient upon transfer

**Mission: Lifeline MT STEMI (ST-Segment Elevation Myocardial Infarction) Guideline**

**STEMI Inter-Hospital Transfer**

**NURSING DOCUMENTATION Tool** (Page 2 of 2)

 Referrence

Rev. 12-2 15

Patient Name:

Age: yrs

Height: in.

Weight: lb. kg

**Reference:**

O'Gara PT, Kushner FG, Ascheim DD, et al. **2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines**. *J Am Coll Cardiol.* 2013;61(4):485-510. doi:10.1016/j.jacc.2012.11.018.

