

Goals

RMH ER Physician needs to be sure flight will arrive at RMH within 30 min of call to stay on time for goals.
Door to EKG < 10 min
Door to Decision < 20 min
Door to Transfer < 45 min
Door to Cath lab < 60-70 min
Door to balloon < 90 min

STEMI

EKG, pCXR, Foley catheter, CMP, CBC, PT/PTT, Cardiac enzymes/Troponin
Aspirin 325 mg chewed
Plavix 600 mg if intolerant to ASA
Heparin Bolus (60 units/kg up to 4000 units) and Drip
2-IV lines needed with one of 0.9% NaCl @ 100 mL/hr (unless in CHF)
SLNTG Q5' x 3 if stable, hold for SBP < 100
IV NTG 10 – 100 mcg/min titrated to keep SBP 100-115
Lopressor 5 mg IV Q5' x 3 if stable, hold for HR < 60, SBP < 100
Lipitor 80 mg PO

(preferred for most pts)

(less preferred, but needed when there is a delay)

PCI (call STEMI hot line cardiologist on call)

Most patients
Hemodynamically stable for transport
No anticipated delays in transport for PCI
Reopro 0.25 mg/kg IV bolus (no drip needed)
Call report to CCL RN 375-7551
375-4034
or CCU RN 375-4814

Thrombolytics (call RMH Cardiology on call)

Hemodynamically unstable patient
Expected delays in transport for PCI
Severe weather
Helicopter delays
Unable to reach receiving physician

Rescue PCI

After thrombolytics given,
Prepare patient for transfer for possible rescue PCI.
Transfer to PCI facility when situation allows unless clinical reperfusion has occurred (symptoms resolved, ST segments > 50% towards baseline)
If unable to transfer patient or patient has reperfused, then call cardiology and admit to CCU