

Level One STEMI Protocol

Assessment and Indications

- ▶ Chest pain or equivalent on arrival to ED, onset of symptoms < 24 hrs
- ▶ 12 lead EKG read by Provider within goal of 10 minutes
- ▶ ST Elevation > 1 mm in 2 or more contiguous leads

Initial Management

- ▶ Contact Minneapolis Heart Institute® at 612-863-3911 to activate a Level One STEMI
- ▶ NPO, place hands-free defibrillator pads, 2 IVs, draw labs to include troponin and lactate
- ▶ Aspirin: 324 mg PO (81 mg chewable tabs X 4) OR 300 mg PR
 - Give Antiplatelet (choose one):**
 - ▶ 1st Choice: Ticagrelor: 180 mg, PO (chewed) or via NG/OG OR
 - ▶ 2nd Choice: Clopidogrel: 600 mg, PO (chewed) or via NG/OG
- ▶ Heparin: 60 U/kg (max 4,000 U) IVP, loading dose
- ▶ Nitroglycerin: 0.4 mg SL, prn
- ▶ Morphine Sulfate: 2-4 mg IVP, prn
- ▶ Oxygen: to maintain SpO2 > 92%



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This information is intended only as a guideline. Please use your best judgment in the treatment of patients.

Level One STEMI ½ Dose Thrombolytic (TNKase)

Inclusion Criteria

- ▶ If transfer to the cath lab is expected to be > 90 min, follow guidelines for administration of Thrombolytic: ½ dose TNKase IVP

Absolute Contraindications

- ▶ Any prior intracerebral hemorrhage
- ▶ Known structural cerebral vascular lesion (e.g. AV malformation)
- ▶ Known malignant intracranial neoplasm (primary or metastatic)
- ▶ Ischemic stroke (< 3 months) – except acute ischemic stroke within 4.5 hr

For ACUTE ISCHEMIC STROKE refer to STROKE PROTOCOL

- ▶ Suspected aortic dissection
- ▶ Active bleeding or bleeding diathesis (excluding menses)
- ▶ Significant closed-head or facial trauma (< 3 Months)
- ▶ Intracranial or intraspinal surgery (< 2 months)
- ▶ Severe uncontrolled hypertension – unresponsive to emergency therapy (SBP >180, DBP >110)
- ▶ [For streptokinase: prior treatment within the previous 6 months]

Patient is On Oral Anticoagulant Therapy:

- ▶ Warfarin (Coumadin) ▶ Dabigatran (Pradaxa) ▶ Edoxaban (Savaysa)
- ▶ Rivaroxaban (Xarelto) ▶ Apixaban (Eliquis)
- ▶ Cardiac arrest patients – traumatic or prolonged CPR (> 10 Minutes)

Relative Contraindications

- ▶ History of chronic, severe, poorly controlled hypertension
- ▶ Significant hypertension on presentation (SBP >180, DBP >110)
- ▶ History of prior ischemic stroke (> 3 months)
- ▶ Dementia
- ▶ Known intracranial pathology not covered in Absolute Contraindications
- ▶ Major surgery (< 3 weeks)
- ▶ Patients with epidural anesthesia
- ▶ Recent internal bleeding (within 2 to 4 weeks)
- ▶ Non-compressible vascular punctures
- ▶ Pregnancy
- ▶ Active peptic ulcer

Recommendations for 1/2 Dose TNK per Weight

<i>Patient Weight</i>	<i>TNKase Dose</i>
Less than 60 kg	15 mg
60 kg to 69.99 kg	17.5 mg
70 kg to 79.99 kg	20 mg
80 kg to 89.99 kg	22.5 mg
90 kg or greater	25 mg

**** DO NOT EXCEED 25 mg of TNKase**

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