

STEMI ALERT - PRIMARY PCI PATIENT: Physician Orders

STEMI Alert declared at _____ hours due to ECG findings consistent with STEMI

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Date/Time: ____/____/____ at: _____ hours

Pre-checked orders have been selected based on current evidence-based medicine, and are consistent with current AHA/ACC 2013 guidelines for STEMI. Bulleted (●) orders indicate standard hospital procedures. To DESELECT any of these orders, draw a line through the entire order and initial it.

ALLERGIES: _____

WEIGHT: _____ lbs / kg (circle one) HEIGHT: _____ (ft/in)

THESE ORDERS EXPIRE IMMEDIATELY AFTER COMPLETION OF CARDIAC CATHETERIZATION

INTERVENTIONAL CARDIOLOGIST: _____

ADMITTING PHYSICIAN: _____

DIAGNOSIS: **STEMI**

CONDITION: CRITICAL

NURSING ORDERS:

- Position CRASH CART in close proximity to patient.
- If INFERIOR WALL MI is noted on current 12 Lead ECG, obtain tracing of Lead V4R.
- ACLS PROTOCOLS for DYSRHYTHMIA MANAGEMENT**
 - If patient outside of ER, page RAPID RESPONSE TEAM STAT
- NOTIFY the ON-CALL **Interventional Cardiologist** for STEMI ALERT -- STAT. Time notified: _____
- NOTIFY the ON-CALL Cardiac Cath Lab Call Team for STEMI ALERT -- STAT. Time notified: _____
 - Continuous cardiac monitoring
 - Initiate I.V. sites x 2; preferably 18g or larger, prefer one in the left AC, Normal Saline to Keep Vein Open
 - Keep patient NPO except medications
 - Clip and prep bilateral groins -- DO NOT DELAY above procedures or delay cath lab transport for groin clipping
 - Obtain informed consent for: Left Heart catheterization including angiography with possible PCI / STENT intervention with possible coronary artery bypass surgery and indicated procedures; Peripheral vascular angiography and/or intervention; Moderate sedation.

LABORATORY:

- TROPONIN STAT
 - CBC STAT (unless obtained and charted within last 24 hours)
 - CMP STAT (unless obtained and charted within last 24 hours)
 - PT/PTT/INR STAT (unless obtained and charted within last 24 hours)
 - DRUG SCREEN STAT (unless obtained and charted within last 24 hours)
- Other labs: _____

RADIOLOGY:

STAT CXR

DO NOT DELAY TRANSPORT TO THE CATH LAB FOR LAB/RADIOLOGY PROCEDURES / RESULTS!

PATIENT LABEL: _____

Physician Signature / date / time

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Date/Time: _____

- DO NOT DELAY TRANSPORT TO THE CATH LAB for ANY MEDICATION ADMINISTRATION --- except for emergency medications to treat/prevent cardiac arrest and/or lethal dysrhythmias.**

MEDICATIONS:

- Oxygen:** Room air only for patients with SAO2 levels 92 - 100%. If SAO2 <92% and/or symptoms of hypoxemia present, administer O2; titrate to maintain SAO2 92 - 99%
- Aspirin:** Four 81 mg (324 mg total dose) chewable baby aspirin PO NOW unless contraindicated or already given by EMS/ER/nursing unit. If baby aspirin not available patient is to chew one (Non-enteric coated) 325mg adult strength aspirin PO. (If unable to take PO – 300mg PR suppository.) **(CLASS I, Level of Evidence B)**
TIME GIVEN: _____ REASON IF WITHHELD: _____
- Nitroglycerin** 0.4mg sublingual every 5 minutes x 3 doses as needed for chest pain, DO NOT ADMINISTER Nitroglycerin if Right Ventricular MI is noted, if systolic BP is less than 90mm/hg and/or if patient has taken: Viagra or Levitra in last 24 hours, or Cialis in last 48 hours.
- Nitroglycerin IV Infusion:** Begin at 5-10mcg/minute and titrate up to 100mcg/minute to control angina not relieved by SL NTG. Maintain SBP>=100mmHg. DO NOT ADMINISTER Nitroglycerin if Right Ventricular MI is noted, if systolic BP is less than 90mm/hg and/or if patient has taken: Viagra or Levitra in last 24 hours, or Cialis in last 48 hours.
- Morphine:** 2-4mg I.V. PRN FOR chest pain unrelieved by NTG or for moderate to severe pain, TITRATE for pain relief, **MAXIMUM DOSE 10mg per hour. HOLD FOR RESPIRATORY DEPRESSION OR HYPOTENSION.**

P2Y12 INHIBITORS (CLASS I, LEVEL OF EVIDENCE B)

- Clopidogrel (Plavix®): 600 mg.** Oral.
 Clopidogrel (Plavix®): 300 mg. Oral.
DOSE GIVEN: _____ DATE: ____/____/____ AT: _____ hours by: _____
-- or --
- Ticagrelor (Brilinta ®): 180 mg.** Oral
DOSE GIVEN: _____ DATE: ____/____/____ AT: _____ hours by: _____

ANTICOAGULATION (May defer to Cardiology - DO NOT DELAY STAT TRANSFER to Cath Lab)

- Heparin, Unfractionated (UFH)**
- Heparin bolus: _____ Units/kg IV bolus
 - Heparin drip: _____ Units/kg/hour IV infusion, titrate to maintain ACT between _____ and _____.
 - OTHER: _____ Dose: _____ Route of Admin: _____

BETA BLOCKER (May defer to Cardiology - DO NOT DELAY STAT TRANSFER to Cath Lab)

- Metoprolol 5 mg IV bolus, repeat dose X 2, at two minute intervals, assess patient between doses (15mg max. dose), **WITHHOLD Metoprolol if any of the CONTRAINDICATIONS listed below are present.**
- Metoprolol _____mg tablet PO; if oral Metoprolol is following IV administration, wait 15 minutes after last IV dose. **WITHHOLD Metoprolol if any of the CONTRAINDICATIONS listed below are present.**

PLEASE NOTE if any of the following CONTRAINDICATIONS are present, withhold Beta Blocker and notify physician

- Symptomatic Bradycardia (HR<60)
- Moderate / severe LV dysfunction
- Symptomatic Hypotension (SBP<90)
- AV Block
- Asthma / Reactive Airway
- Shock / impaired perfusion

ADDITIONAL ORDERS:

Use caution when RISK FACTORS for Cardiogenic Shock are noted: age >70, Syst BP <120, Sinus Tach >110 bpm, HR<60 bpm

Physician Signature / date / time

PATIENT LABEL: