Transferring Hospital

Date/Time Protocol initiated

Patient Information

CARDIAC LEVEL 1 PROTOCOL for STEMI

Onset of CP/ Symptoms D&T: ______/______	ED Arrival Time:	Transport to ER via: ☐ Self/Family ☐ Ambulance	ECG Time:	Time of call to Cardiologist: Name:	
			Call to Transport:	Arrival:	Depart:

PRESENTING CLINICAL DATA/MEDICAL HISTORY – *ED Physician and RN to complete*

Date:	Age:	M F	Wt:	Ht:	IV Contrast Allergy: ☐ Yes ☐ No Discuss w/ Cardiology for Pre-Tx

Allergies:

Medications:

ECG Changes: ☐ Inferior (II,II AVF) ☐ Anterior (V1-V4) ☐ Lateral (I, AVL, V5-V6) ☐ Posterior ☐ LBBB

Cardiac Arrest? ☐ No ☐ Yes If yes, down time prior to CPR: Length of time CPR performed:

Vitals: T P R BP (R) / (L) / Pain Level (1-10): _________ **O2 Sats:**________**@**_______**liters**

Distal Pulses: R L Equal Bilat: ☐**Yes** ☐**No If no, comment:**

History of CAD: ☐ No ☐ Yes	**Risk Factors:**	
Prior MI: ☐ No ☐ Yes Date:	Smoking: ☐ Never ☐ Current *(w/i past 12 mon.)* ☐ Former	
Previous PCI: ☐ No ☐Yes Date: Where:	Dyslipidemia: ☐ No ☐ Yes	Diabetes: ☐ No ☐ Yes
Previous CAB: ☐ No ☐ Yes Date: Where:	Family HX CAD: ☐ No ☐ Yes	HTN: ☐ No ☐Yes
CHF: ☐ No ☐Yes If yes, clinical symptoms:	Other:	

Contraindication to Lytics: ☐ **No** ☐ **Yes If yes, comment:**

ORDER SECTION **LABS/X-RAY – DO NOT DELAY TRANSPORT FOR RESULTS**

Troponin I/T	CR	H/H	PTT	Hcg (*if child bearing age)*	Chest X-Ray
CK-MB	K	Plts	INR	Glucose	Other:

MEDICATIONS/DOSE	Dosing Comment	TIME	RN INITIAL	MD INITIAL	NOTES
1. **Aspirin 324mg PO** (four 81 mg chewable) Do not use Enteric Coated ASA	If 324mg taken w/i 12hrs, omit, or augment to total 324mg				Please give NG/PR if pt unable to swallow.
2. **Heparin bolus** (loading dose) Wt ≤100kg: **60 units/kg IVP (max 4,000 units)** *	* Wt > 100 kg: Bolus: 5,000 units IV				
3. **Heparin Infusion 12 units/kg (max of 1000units.hr)**					
4. **Clopidogrel (Plavix)** ☐ **300mg PO** ☐ **600mg PO**	Dose with Fibrinolytics (300mg) Dose for Primary PCI (600mg)				
5. **Fibrinolytic*** ☐ **TNKase IVP** per weight as a single IV bolus over 5 seconds. Do not give with any glucose containing solution. **OR** ☐ **Retavase 10 units IVP**, repeat after 30 minutes.	***Door to needle goal <30 min** **Weight adjusted TNK dosages:** Under 60kg/132 lbs: 30mg (6 ml) 60-70kg/132-154 lbs: 35 mg (8ml) 70-80kg/154-176 lbs: 40 mg (8ml) 80-90kg/176-198 lbs: 45 mg (9ml) >90kg or 198 lbs: 50 mg (10ml)				Consider if arrival to PCI center is >90 minutes and no contraindications. See back of sheet for Fibrinolytic indications and contraindications
Administer as needed for pain: **1. Nitroglycerin 0.4mg SL, 1 tab q5 min x3 doses**					Hold for SBP <100 Caution in Inferior MI
2. Nitroglycerin IV infusion					Hold for SBP<100, Caution in Inferior MI
3. Morphine Sulfate 2mg IVP, Q 5min. PRN					Hold for SBP<100, RR<8

Last VS: T P R BP (R) / (L) / Pain Level (1-10): RN Signature:

ED MD Name: Signature: **Family Contact: Phone #**

WHEN FORM COMPLETE, FAX WITH LAB/EKG TO: SHMC Cath Lab at (509) 474-5319 & Admission (509) 474-4773 OR DMC Cath Lab at (509) 473-7511 & Admission (509) 473-7306

FOR ASSISTANCE WITH EKG INTERPRETATION:
Fax tracing with CARDIAC LEVEL 1 COVER SHEET TO
SHMC @ 509-474-3341 followed by phone call in 3-4 minutes to 509-474-3600
DMC @ 509-473-7508 followed by phone call in 3-4 minutes to 509-473-7100

Fibrinolytic indications

1. If a Cardiac Level 1 patient can not be delivered to PCI capable facility within 90min of initial presentation.

2. Strongly consider full dose fibrinolytics in the following cases, if there are no contraindications:
- **A) Patient under 65 years of age with an anterior STEMI.**
  OR
- **B) Patient presenting within 2 hrs of symptom onset.**

In situations where the decision to administer fibrinolytics is unclear, please consult with the cardiologist prior to administration

FIBRINOLYTIC CONTRAINDICATIONS:

Fibrinolytic is contraindicated because of an increased risk of bleeding in the following situations:

- Active internal bleeding or known bleeding diathesis
- Recent cerebrovascular accident
- Intracranial or intraspinal surgery or trauma within 2 months
- Intracranial neoplasm, AV malformation, or aneurysm
- Severe uncontrolled hypertension SBP > 180 mm Hg and/or DBP > 110 mm Hg
- Prior CNS bleed

The risk of fibrinolytic therapy may be increased and should be weighed against the anticipated benefits in the following situations:

- Three or more hours of symptoms before presentation for care
- Recent major surgery, trauma or puncture of non-compressible vessels
- Recent gastrointestinal or genitourinary bleeding
- Hemostatic defects, severe hepatic dysfunction or concomitant anticoagulants such as Warfarin or GP IIb/IIIa inhibitors
- Diabetic or other hemorrhagic retinopathy conditions
- High likelihood of left heart thrombus, acute pericarditis or subacute bacterial endocarditis
- Pregnancy or advanced age

Care after fibrinolytic injection:

1. Take VS q 10 min. x 6 times with manual BP in both arms performed at least once.
2. Obtain EKG 30 minutes after fibrinolytic initiated, or with change in condition. Notify Cardiologist ASAP, if evidence of reperfusion.
3. Draw blood from saline lock for any further lab work. Arterial and venous punctures should be minimized. Noncompressible arterial puncture must be avoided especially internal jugular and subclavian venous punctures to minimize bleeding from the non-compressible sites.
4. Note any arrhythmias and treat per ACLS protocol.
5. Prepare for urgent transport.