



## Nova Scotia Guidelines for Acute Coronary Syndromes (2008)

# ALGORITHM AND CHECKLISTS

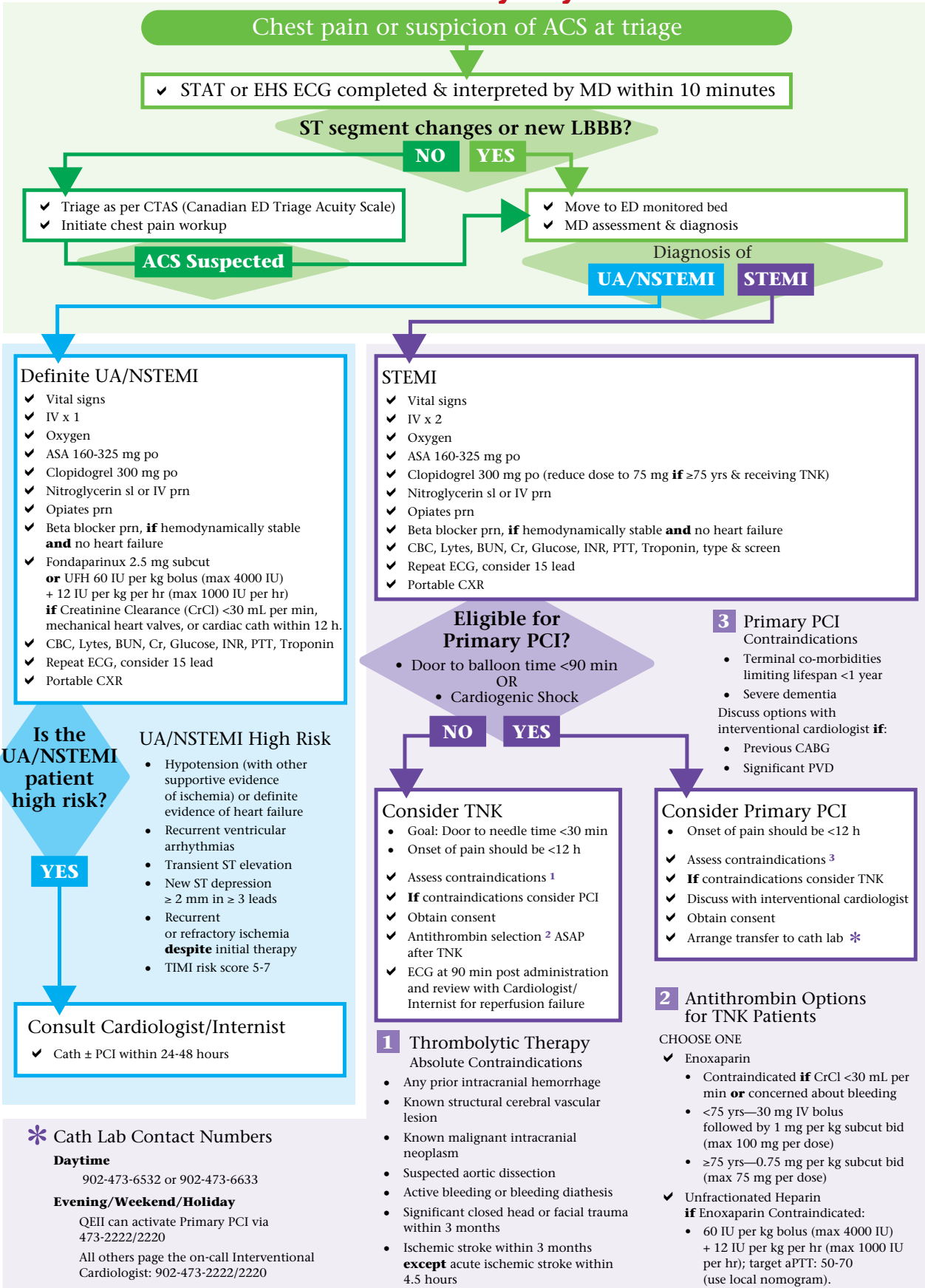


MARCH 2010

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# Nova Scotia Algorithm for Emergency Care of Acute Coronary Syndromes



**\* Cath Lab Contact Numbers**

**Daytime**

902-473-6532 or 902-473-6633

**Evening/Weekend/Holiday**

QEII can activate Primary PCI via 473-2222/2220

All others page the on-call Interventional Cardiologist: 902-473-2222/2220

This algorithm is intended to serve as a guide and cannot replace clinical judgement.

Nova Scotia Guidelines for Acute Coronary Syndromes. Cardiovascular Health Nova Scotia 2008. For complete guidelines, refer to [www.gov.ns.ca/health/cvhn](http://www.gov.ns.ca/health/cvhn)

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# QUICK EMERGENCY DEPARTMENT CHECKLIST FOR STEMI CARE

**TIMES IN 24 hr clock**

**Data Collection:**

- ☐ Height: \_\_\_\_\_ cm
- ☐ Weight: \_\_\_\_\_ kg
- ☐ Time of onset of pain: \_\_\_\_\_ : \_\_\_\_\_
- ☐ Did the patient arrive with EHS? ☐ Yes ☐ No
- ☐ Arrival time at ED triage: \_\_\_\_\_ : \_\_\_\_\_
- ☐ Time of first diagnostic ECG: \_\_\_\_\_ : \_\_\_\_\_ ☐ ECG Interpretation \_\_\_\_\_ : \_\_\_\_\_
- ☐ Cath lab activation time (if applicable): \_\_\_\_\_ : \_\_\_\_\_

**Nursing Care:**

- ☐ Vital Signs q 30 min
- ☐ 2 IV's Inserted
- ☐ Monitored bed

**Testing:**

- ☐ 12 lead ECG q 30 min x3
- ☐ Troponin immediately and q 8h x2
- ☐ CBC, electrolytes, BUN, CR, glucose, INR, PTT
- ☐ Estimate CrCl (mL/min): Male:  $\frac{(140 - \text{age}) (\text{IBW kg}) (60)}{(\text{Serum creatinine umol/L}) (50)}$   
Female: 0.85 x male CrCl value
- ☐ Portable CXR

**Treatment/Medications:**

- ☐ Oxygen to maintain sats >95%
- ☐ ASA 160 - 325 mg po

**Reperfusion strategy.** Choose **ONE** of the following:

☐ **Option 1: Primary PCI**

Choose **ONLY**

- ☒ if Door - Balloon time <90 min (<60 min to cath lab door)
- ☒ Absence of Contraindications:
  - Lifespan limited <1 year
  - Severe dementia

☐ MD to contact interventional cardiologist

- **Day: (902) 473-6532/6633**
- **Evenings/Nights/Weekends/Holidays:**  
**Page through locating (902) 473-2222**

► See Over ◄

# QUICK EMERGENCY DEPARTMENT CHECKLIST FOR STEMI CARE *(continued)*

## Treatment/Medications:

*Continued*

### ☐ Option 2:Thrombolysis

- ☐ Goal: Door-Needle time <30min.
- ☐ Absolute contraindications:
  - Any prior intracranial hemorrhage
  - Known structural cerebral vascular lesion (e.g. arteriovenous malformation)
  - Known malignant intracranial neoplasm (primary or metastatic)
  - Ischemic stroke <3 months, except acute ischemic stroke within 4 hours
  - Suspected aortic dissection
  - Active bleeding or bleeding diathesis (excluding menses)
  - Significant closed head or facial trauma within 3 months
- ☐ TNK IV infused over 5 seconds based on weight:
  - ☐ 30 mg for <60 kg
  - ☐ 35 mg for 60 - 69 kg
  - ☐ 40 mg for 70 - 79 mg
  - ☐ 45 mg for 80 - 89 kg
  - ☐ 50 mg for ≥ 90 kg
- ☐ At 90 min post TNK, assess for resolution of pain, ST elevation, and hemodynamic stability.
- ☐ Anticoagulant. Choose **ONE** of the following:
  - ☐ Enoxaparin (preferred anticoagulant but **contraindicated IF** CrCl <30 mL/min):
    - ☐ <75 years old: 30 mg IV bolus followed by subcut 1 mg/kg bid (max 100 mg/dose)
    - ☐ ≥75 years old: 0.75 mg/kg subcut bid (max 75 mg/dose)
  - ☐ Unfractionated heparin (use **IF** CrCl < 30 ml/min or concern re: bleeding risk) per IV protocol: 60 IU/kg bolus (max 4000 IU); IV infusion 12 IU/kg/hr (max 1000 IU/hr)
- ☐ Clopidogrel 300 mg po (**IF** ≥75 years of age + receiving TNK reduce dose to 75 mg)
- ☐ Nitro 0.3 - 0.6 mg SL q 5min prn until pain free or SBP ≤100
- ☐ Morphine 2 - 4 mg IV or subcut q 30 min prn pain
- ☐ Fentanyl 50 - 100 mcg IV q 30 min prn pain
- ☐ If pain is persistent despite nitro SL and IV narcotics, AND **IF** SBP > 110, begin nitro infusion @ 10 mcg/min. Titrate per protocol until patient is pain free or SBP is ≤100
- ☐ Metoprolol 5mg IV q 5 min prn x3 **if** HR >100 and SBP >110 and no heart failure

## Disposition:

- ☐ Consult Cardiology/Internal Medicine

## Patient Education:

- ☐ Explain condition and therapy
- ☐ MD obtains patient consent for reperfusion strategy



# QUICK EMERGENCY DEPARTMENT CHECKLIST FOR UA/NSTEMI CARE

## TIMES IN 24 hr clock

### Data Collection:

- ☐ Patient arrival time at triage: \_\_\_\_\_: \_\_\_\_\_
- ☐ ECG: \_\_\_\_\_: \_\_\_\_\_
- ☐ Height: \_\_\_\_\_ cm
- ☐ Weight: \_\_\_\_\_ kg

### Nursing Care:

- ☐ Vital Signs q1h
- ☐ IV Insertion
- ☐ Monitored bed

### Testing:

- ☐ 12 lead ECG (completed & interpreted) then q1h x3
- ☐ Troponin immediately and q 8h x2
- ☐ CBC, electrolytes, BUN, CR, glucose, INR, PT/aPTT
- ☐ Estimate CrCl (mL/min):  
Male:  $\frac{(140 - \text{age}) (\text{IBW kg}) (60)}{(\text{Serum creatinine } \mu\text{mol/L}) (50)}$   
Female: 0.85 x male CrCl value
- ☐ Chest X-ray

### Treatment/Medications:

- ☐ Oxygen to maintain sats >95%
- ☐ ASA 160 - 325 mg chew
- ☐ Clopidogrel 300 mg po
- ☐ Nitro 0.3 - 0.6 mg SL q 5 min prn until pain free or SBP  $\leq$  100
- ☐ Morphine 2 - 4 mg IV or subcut q 30 min prn pain
- ☐ Fentanyl 50 - 100 mcg IV q 30 min prn pain
- ☐ If pain is persistent despite nitro SL and IV narcotics, AND **IF** SBP > 110, begin nitro infusion @ 10 mcg/min. Titrate per protocol until patient is pain free or until SBP is  $\leq$  100.
- ☐ Metoprolol 5mg IV q 5min prn x3 if HR >100 and SBP > 110 & no heart failure
- ☐ Anticoagulant. Choose **ONE** of the following:
  - ☐ Fondaparinux 2.5 mg subcut (**contraindicated IF** CrCl <30 mL/min CrCl, prosthetic heart valve, or if going to the cath lab: use UFH)
  - ☐ Unfractionated heparin (UFH) IV per protocol (60 IU/kg bolus (max 4000 IU) + 12 IU/kg/hr IV infusion (max 1000 IU/hr); target aPTT: 60 - 80 sec

### Disposition:

- ☐ Consult Cardiology/Internal Medicine

### Patient Education:

- ☐ Explain condition and therapy



### Cardiovascular Health Nova Scotia

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Visit our website at [www.gov.ns.ca/health/cvhns](http://www.gov.ns.ca/health/cvhns)

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