

CRITICAL PATHWAY FOR AMI PATIENTS IN THE EMERGENCY DEPARTMENT

TIME (24 HR CLOCK)

_____ : _____	1.	Arrival of patient with chest pain in ED; Note time of symptom onset _____ : _____
_____ : _____	2.	ECG completed in 10 minutes; Note time ECG interpreted _____ : _____
_____ : _____	3.	Vital signs, ECG and blood pressure monitoring, IV - lines, CBC & blood chemistry
_____ : _____	4.	Decision of emergency physician If following 3 items are positive, consider AMI with indications for reperfusion therapy. a. ECG evidence of ≥ 1 mm ST elevation in ≥ 2 contiguous limb leads; or evidence of ≥ 2 mm ST elevation in ≥ 2 contiguous pre-cordial leads or new LBBB. b. Chest pain lasting more than 20 min c. Within 12 h from symptom onset
_____ : _____	5.	STEMI: Assess for contraindications to reperfusion therapy. Provide lytic (door to needle goal: <30 min) or arrange for Primary Percutaneous Intervention (door to balloon goal: <90 min)
_____ : _____	6.	<p>Page on - call internist/cardiologist. Do the following procedures:</p> <ul style="list-style-type: none"> ■ Oxygen (2 - 6 L/min) ■ Aspirin 160 - 325 mg PO, if not already given ■ Nitroglycerin spray (if systolic blood pressure >100mm Hg): 0.3 - 0.6 mg SL q 5min x 3 ■ Anticoagulant: Choose ONE <ul style="list-style-type: none"> <input type="checkbox"/> Enoxaparin (for STEMI treated with thrombolysis and no renal impairment) <75 yoa: administer a fixed 30 mg IV bolus, followed by subcut injection 1mg/kg (max 100mg/dose for first 2 subcut injections) twice daily (BID); ≥ 75 years of age: Omit bolus; reduce subcut injection to 0.75 mg/kg BID (max 75 mg/dose for first 2 subcut injections) <input type="checkbox"/> UFH (for STEMI with severe renal impairment or NSTEMI/UA patients with severe renal impairment, mechanical heart valves or with very high risk features mandating urgent cardiac cath, PCI or CABG): IV loading dose 60 IU/Kg (max 4000 IU), subsequent IV infusion of 12 IU/kg/hour (max 1000 IU/hour) <input type="checkbox"/> Fondaparinux (for NSTEMI/UA) 2.5 mg subcut ■ Clopidogrel 300 mg (if ≥ 75 years of age and receiving thrombolysis reduce dose to 75 mg) ■ Morphine (2 - 4 mg IV or subcut if continuing symptoms) or Fentanyl 50 - 100 mcg IV ■ Chest X-ray ■ NSTEMI/UA: Triage for cardiac cath and revascularization
_____ : _____	7.	Departure from ED
_____ : _____	8.	Arrival in cath lab if applicable. Calculate the arrival in cath lab interval: _____ min