# LRI ED STEMI management

Martin Wiese and Ian Hudson . Re-approved by ED guideline committee on 25Oct22 . Version 26 . Review due Oct25 . Trust Ref: C105/2016

## Manage as appropriate

If indicated, consider uploading ECG to NC as Clinical Photograph and bleeping CCU registrar on \*88-2584-[1extn] (try CCU **13719** or **13774** if no answer) Manage patient in

- ER if haemodynamically unstable, in severe pain or vomiting
- In Assessment Zone or Majors if stable

STEMI suspected

- Note time patient called 999
- Designate patient 'DPS-1'
- Ensure continuous ECG monitoring
- Alert an ED senior doctor IMMEDIATELY

Senior clinician unsure of diagnosis, or is case complicated by additional pathology (e.g. head injury or GI bleed)?

### **Contraindications to** thrombolysis include

- Stroke within last 2 months
- Head injury within last 4 weeks
- Surgery within last 2 weeks (including dental extraction)
- LP within last 4 weeks
- Current pregnancy
- Childbirth within last 18 weeks
- Active peptic ulceration or other GI blood loss
- Oesophageal varices
- Current anticoagulation (unless INR known to be <2)
- Severe liver disease or clotting disorder
- Acute pancreatitis
- Aortic dissection
- Active pulmonary disease with cavitation
- Cerebral neoplasm
- Systolic BP >160 (**NB**: this can often be managed by good analgesia and urgent IV betablockade or GTN infusion)

# Arrange time-critical transfer

Dial 999 and request 'ambulance for time-critical transfer of STEMI patient from LRI ED [state exact location] to GGH CCU'

### Raise GGH STEMI alert

- Call GGH CCU red phone on 13222 and declare 'STEMI alert'
- State patient details and time patient called ambulance
- NB: CCU staff will advise ED thrombolysis if cath lab will not be available in time to meet PCI 120min 'call-to-balloon' target

**NB**: STEMI transfers remain within the remit of EMAS.

Involve EPIC ASAP if resistance is encountered from ambulance control, and such incidents must be recorded on DATIX.

NB: **DO NOT** discuss case with CCU registrar if ED senior doctor has confirmed diagnosis

# ED thrombolysis advised? Check for contraindications to thrombolysis Inform Thrombolysis contraindicated? GGH CCU on **3222** ED thrombolysis in time to meet

### **\*** Prescribing Streptokinase

An eMeds order set that includes pre-treatment doses of steroids and antihistamines to prevent adverse reactions is available: Click through to 'Emergency Medicine > Common scenarios > Thrombotic events > Streptokinase > STEMI'

For further information, see also prescribing and administration aid

# (Re)arrange time-critical transfer

60min 'call to needle' target

Move patient to the ER (if not already)

Streptokinase IV \*; if contraindicated,

tenecteplase \* 10sec bolus instead

Provide opiate analgesia / antiemetic

• Ensure Aspirin 300mg PO was given

Cancel time-critical transfer

• VRIII if Glucose >10

- Dial 999 and request 'ambulance for time-critical transfer of STEMI patient from LRI ED [state exact location to GGH CCU'
- Registered ED nurse escort required

### **Prepare patient for primary** percutaneous intervention (PPCI)

- Ensure patient has had Aspirin 300mg PO
- Ideally while waiting for ambulance (but do allow this to not delay transfer)
  - Provide opiates / analgesia / antiemetic
  - Change patient into gown / paper pants
- Escort required ONLY if patient receiving drugs via infusion pump or if no paramedic crew dispatched (registered ED nurse)

### \* Tenecteplase dosing

- Less than 60kg 30mg = 6mL 60 to less than 70kg 35mg =7mL
- 70 to less than 80kg 40mg = 8mL80 to less than 90kg
- 45mg = 9mL• 90 kg or greater 50mg = 10mL

'Blue-light' transfer to CCU at GH