

Transfer Protocol for Patients with Acute ST Elevation MI Who Are Candidates for Primary Coronary Intervention

Criteria:

- ST elevation myocardial infarction or new left bundle branch block
- Ongoing symptoms suggestive of myocardial ischemia or injury.

Goals:

- **Stabilize** and transfer patients from the Emergency Department within 30 minutes of arrival.
- **Prepare** patients for the cath lab so as to expedite heart catheterization and PCI on arrival at CMHVI
- **Open** the occluded coronary within 90 MINUTES or less.

Process:

1. Activate team: ED physician, RN, lab and x-ray
2. Contact Life-Flight **and** ground ALS ambulance
3. Contact CMHVI Interventional Cardiologist by calling **CMMC Connect**
4. Apply oxygen, monitor, establish IV
5. Draw CCU lab panel
6. Obtain portable chest x-ray
7. Administer:
 - Aspirin 325 mg chewed
 - Nitroglycerin 0.4 mg SL (repeat as needed and start IV drip)
 - Morphine sulfate as needed for pain
 - Heparin loading dose and (if time allows) infusion using the heart protocol
 - Metoprolol 5 mg IV q 5 minutes x 3 doses (unless contra-indicated)
8. For patients who are candidates for PCI, administer
 - **Clodiprogrel (Plavix) 600 mg PO bolus dose**
 - Eptifibatide (Integrilin) bolus and infusion using the dosing worksheet
9. Establish a second IV (saline lock) and add extension tubing to any IVs in the right arm
10. Remove clothing and place hospital gown
11. Attach radiolucent hands-free defibrillation pads
12. Shave prep the groin (if time allows)
13. Insert foley catheter for women (if time allows)
14. Consider anxiolytic medication for transport
15. Copy all labs, ECG's, and x-rays to accompany the patient

Use of thrombolytic agents:

Consider fibrinolytic therapy **plus Clopidogrel** if symptoms have been present less than 3 hours and/or a delay in transport is anticipated (door to balloon time to exceed 90 minutes). Do not administer Eptifibatide to patients who receive thrombolytics. Use of Clopidogrel in combination with thrombolytic therapy has been shown to enhance lysis and improve outcomes. Loading dose of 600 mg gives the fastest onset of antiplatelet activity.

Emergency Contact Numbers: CMMC CONNECT: 1-877-366-7700