

**Acute ST Elevation MI/Potential PCI Pathway**

Stephens Memorial Hospital

Emergency Services

207-743-5933 x 354

pt ID

Time	B/P	P	R	O2	Pain	Action Taken	Init
						Time of <b>ES arrival:</b> _____ Pain on arrival /10 _____	
						Time of chest pain <b>onset</b> _____ Pain at onset /10 _____ CP greater than 12 hr <input type="checkbox"/> Y <input type="checkbox"/> N	
						<b>Hx:</b>	
						<b>STAT EKG:</b> given to physician @: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						New LBBB <input type="checkbox"/> Y <input type="checkbox"/> N	
						Subsequent EKG Times: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						Subsequent EKG Times: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						Subsequent EKG Times: _____ ST Elevation <input type="checkbox"/> Y <input type="checkbox"/> N	
						<b>Page "Code Purple"</b>	
						<b>O2</b> _____ Liters by <input type="checkbox"/> N/C <input type="checkbox"/> Mask	
						<input type="checkbox"/> Rescue <b>stand-by</b> <input type="checkbox"/> <b>PACE called</b> to ES @ _____	
						<b>PACE Arrival @</b> _____	
						<b>Cardiac Monitor</b> _____ <i>Rhythm</i>	
Place Monitor strip here							
						<b>IV</b> _____ ga _____ Site <input type="checkbox"/> SL <input type="checkbox"/> N/S @ _____ mL/hr	
						<input type="checkbox"/> Started prehosp	
						Order <b>ICU Labs</b> Stat	
						Portable <b>Chest xray</b> stat	
						325 mg <b>ASA</b> po <input type="checkbox"/> ordered <input type="checkbox"/> not ordered <input type="checkbox"/> contraindicated <input type="checkbox"/> allergic <input type="checkbox"/> unable to swallow <input type="checkbox"/> Given/taken prehospital	
						<b>Second IV</b> _____ ga _____ Site <input type="checkbox"/> SL <input type="checkbox"/> N/S @ _____ mL/hr	
						<b>Viagra/Livitra/Cialis</b> within 24 hours? <input type="checkbox"/> Y <input type="checkbox"/> N	
						<b># 1 Nitro SL</b> 1/150, 1 Q 5 minutes prn chest pain	
						<b># 2 Nitro SL</b> 1/150, 1 Q 5 minutes prn chest pain	
						<b># 3 Nitro SL</b> 1/150, 1 Q 5 minutes prn chest pain	
						<b>Morphine</b> Sulfate 2-4 mg IV push for pain Dose given _____ mg	
						<b>Fentanyl</b> 25-50 Mcg IV push for pain Dose given _____ mg	
						<b>Stated Ht</b> _____ cms <b>Stated Wt</b> _____ kg	
						<b>Heparin bolus</b> IV: 60 units x _____ kg= _____ units <b>Max=4000 Units</b>	
						<b>Call to MMC One-Call 1-207-662-2950</b>	
						<input type="checkbox"/> <b>Lytic Contraindicated</b> _____ <input type="checkbox"/> <b>Primary PCI</b> go to page 2	

**Acute ST Elevation MI/Potential PCI Pathway**

Stephens Memorial Hospital

Emergency Services

207-743-5933 x 354

pt ID

Time	B/P	P	R	O2	Pain	Action Taken	Init																		
						<i>TNKase according to protocol if ordered. From one vial of TNKase reconstitute with 10 mL diluent: Final Concentration = 5 mg/mL. To prevent precipitation administer over 5 seconds into running NS IV</i>																			
						<table border="0"> <tr> <td>Patient Weight (kg)</td> <td>TNKase (mg)</td> <td>Volume TNKase to be Administered (mL)</td> </tr> <tr> <td><input type="checkbox"/> Less than 60 Kg</td> <td>30 mg</td> <td>6 mL</td> </tr> <tr> <td><input type="checkbox"/> 61 kg to less than 69 kg</td> <td>35 mg</td> <td>7 mL</td> </tr> <tr> <td><input type="checkbox"/> 70 kg to less than 79 kg</td> <td>40 mg</td> <td>8 mL</td> </tr> <tr> <td><input type="checkbox"/> 80 kg to less than 89 kg</td> <td>45 mg</td> <td>9 mL</td> </tr> <tr> <td><input type="checkbox"/> 90 kg or greater</td> <td>50 mg</td> <td>10 mL</td> </tr> </table>	Patient Weight (kg)	TNKase (mg)	Volume TNKase to be Administered (mL)	<input type="checkbox"/> Less than 60 Kg	30 mg	6 mL	<input type="checkbox"/> 61 kg to less than 69 kg	35 mg	7 mL	<input type="checkbox"/> 70 kg to less than 79 kg	40 mg	8 mL	<input type="checkbox"/> 80 kg to less than 89 kg	45 mg	9 mL	<input type="checkbox"/> 90 kg or greater	50 mg	10 mL	
Patient Weight (kg)	TNKase (mg)	Volume TNKase to be Administered (mL)																							
<input type="checkbox"/> Less than 60 Kg	30 mg	6 mL																							
<input type="checkbox"/> 61 kg to less than 69 kg	35 mg	7 mL																							
<input type="checkbox"/> 70 kg to less than 79 kg	40 mg	8 mL																							
<input type="checkbox"/> 80 kg to less than 89 kg	45 mg	9 mL																							
<input type="checkbox"/> 90 kg or greater	50 mg	10 mL																							
						<input type="checkbox"/> <i>Lytic &amp; PCI</i> <input type="checkbox"/> <i>Lytic &amp; Observation</i>																			
						<i>Heparin premix</i> (25000 units/500 mL D5W) infusion: Start at 1000 units/hour (20 mL/min) or as ordered _____ (may hold/dc for pts being transferred)																			
						<i>IV nitroglycerin drip</i> on physician order; titrate to Systolic B/P greater than 100 (consider nitro paste if IV drip likely to delay transport)																			
						<i>Plavix</i> 300 mg PO Stat <input type="checkbox"/> ordered <input type="checkbox"/> not ordered																			
						<i>Benadryl</i> 50 mg po now <input type="checkbox"/> ordered <input type="checkbox"/> not ordered																			
						# 1 <i>Metoprolol</i> 5 mg IV push Q 5 mins    Reason Withheld:																			
						# 2 <i>Metoprolol</i> 5 mg IV push    Reason Withheld:																			
						# 3 <i>Metoprolol</i> 5 mg IV push    Reason Withheld:																			
						<i>Call MMC for Nurse to Nurse report</i> 1-207-662-3838 (let it ring) Report given to _____ by _____																			
						<input type="checkbox"/> <b>EMTALA</b> form completed																			
						<input type="checkbox"/> <b>Fax demographic face sheet</b> to MMC 1-207-662-3682																			
						<input type="checkbox"/> <b>Pt/family information sheet</b> given <input type="checkbox"/> Family not present																			
						<input type="checkbox"/> Family enroute to SMH																			
						<input type="checkbox"/> <b>Directions to Maine Medical</b> given																			
						<input type="checkbox"/> Directions to _____ Hospital given																			
						<input type="checkbox"/> <b>Voided</b> before transport _____ mL <input type="checkbox"/> Has not voided																			
						If time, prepare pt for cardiac cath lab:																			
						<input type="checkbox"/> <b>Remove</b> clothing																			
						<input type="checkbox"/> Plastic <i>snap johnnie</i>																			
						<input type="checkbox"/> <b>Transport O2 and monitor</b>																			
						<input type="checkbox"/> Bag personal <i>belongings</i> and label <input type="checkbox"/> valuables envelope																			
						<input type="checkbox"/> sent with pt <input type="checkbox"/> given to family																			
						If transferred before lab results, FAX results to (207)662-6385																			
						<b>COPY both pages of this form</b> and send <b>COPY</b> with patient in red rapid transport folder																			
						<b>Disposition:</b> <input type="checkbox"/> Admit to ICU <input type="checkbox"/> Transfer to: _____																			
						<b>Time of Departure from ES</b>																			