



Acute STEMI Reperfusion Standard Orders

*These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards.
Patient allergy and contraindications must be considered when completing these orders.*

Automatically activated (If not in agreement with an order cross out and initial). Requires a check (v) for activation

Allergies: Unknown No Yes (describe) _____ Height (cm): _____ Weight (kg): _____

STEMI confirmed: Yes No

If STEMI diagnosis UNCERTAIN:

Page St. Boniface Hospital (SBH) outside call cardiologist to discuss (204-237-2053)

CRITERIA/INDICATIONS for Primary PCI:

- Patient arrival to SBH WITHIN 100 minutes from first medical contact **OR**
- Patient arrival to SBH GREATER THAN 100 minutes **AND:**
 - Cocaine /methamphetamine Use **OR** Diagnosis of STEMI in doubt (e.g. LVH with strain, pericarditis) **OR**
 - Contraindications to fibrinolytics **OR** Recurrent VF/VT **OR** Cardiogenic shock **OR** Pulmonary edema

Patient is a candidate for Primary PCI:

- YES IF YES, proceed to section 1
- NO IF NO, consider fibrinolysis and proceed to section 2

1. Candidate for Primary Percutaneous Coronary Intervention (PCI)

MEDICATION ORDERS	GENERAL ORDERS
<p>Antiplatelet Choose ONE only, if not previously administered:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ticagrelor 180 mg po x 1 dose STAT <li style="text-align: center;">OR <input type="checkbox"/> clopidogrel 600 mg po x 1 dose STAT <p>Anticoagulant</p> <ul style="list-style-type: none"> <input type="checkbox"/> enoxaparin IV 0.5 mg/kg x 1 dose STAT _____ mg <li style="text-align: center;">OR <input type="checkbox"/> heparin 70units/kg x 1 dose STAT _____ units (max dose 10,000 units) (PREFERRED unless contraindicated) <p>Note: heparin not available at all sites, consult pharmacy Note: no continuous heparin infusion required</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> First arrange immediate transport to SBH Heart Cath lab <input checked="" type="checkbox"/> Call SBH paging at 1-204-237-2053 for CODE STEMI doctor on call

2. Candidate for Fibrinolysis, Non-Primary PCI Candidates

****Goal is to initiate fibrinolysis within 30 minutes of patient arrival**

Review Contraindications for fibrinolysis

ABSOLUTE CONTRAINDICATIONS for fibrinolysis administration	RELATIVE CONTRAINDICATIONS for fibrinolysis administration
<ul style="list-style-type: none"> <input type="checkbox"/> Any known prior intracranial hemorrhage <input type="checkbox"/> Known structural cerebral vascular lesion ie. Arteriovenous malformation <input type="checkbox"/> Known malignant intracranial neoplasm (primary or metastatic) <input type="checkbox"/> Significant closed head or facial trauma within past 3 months. <input type="checkbox"/> Ischemic stroke within 3 months (not including ischemic stroke within 3 hours) <input type="checkbox"/> Active bleeding or bleeding diathesis (excluding menses). <input type="checkbox"/> Pregnancy or 1 week post partum <input type="checkbox"/> Suspected acute aortic dissection 	<ul style="list-style-type: none"> <input type="checkbox"/> SBP greater than 180 mmHg or DBP greater than 110 mmHg (irrespective of whether BP lowers after presenting) <input type="checkbox"/> History of chronic severe, poorly controlled hypertension <input type="checkbox"/> History of prior ischemic stroke GREATER than 3 months, dementia or known intracranial pathology not covered in contraindications <input type="checkbox"/> Traumatic or prolonged (GREATER than 10 minutes) CPR <input type="checkbox"/> Major surgery (less than 3 weeks) <input type="checkbox"/> Recent (within 2 to 4 weeks) internal bleeding <input type="checkbox"/> Active peptic ulcer <input type="checkbox"/> Current use of anticoagulants: higher the INR, higher risk of bleeding <input type="checkbox"/> Non-compressible vascular punctures

FIBRINOLYSIS/ENOXAPARIN CONTRAINDICATIONS- Refer to contraindications for fibrinolytics as above

- Allergy or hypersensitivity to heparin, pork products or to enoxaparin
- Heparin-induced thrombocytopenia within the previous 100 days

PRESCRIBER'S SIGNATURE: _____	PRINTED NAME: _____	Date _____	Time _____
Order Transcribed Date: _____ Time: _____ Initials _____	FAX/SCAN TO PHARMACY Date: _____ Time: _____ Initials _____		



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<p><input type="checkbox"/> FIBRINOLYSIS CANDIDATE IF LESS THAN 75 YEARS OF AGE</p> <p>Anticoagulation Step 1:</p> <p><input checked="" type="checkbox"/> enoxaparin 30mg IV bolus immediately before tenecteplase (TNK)</p> <p>Fibrinolytic Agent:</p> <p><input checked="" type="checkbox"/> tenecteplase (TNK) _____ mg IV over 5 seconds x 1</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th colspan="3" style="text-align: center;">tenecteplase (TNK) 5mg/mL Dosing Table</th> </tr> <tr> <th style="width: 33%;">Pt Weight (kg)</th> <th style="width: 33%;">TNK (mg)</th> <th style="width: 33%;">Volume TNK to be given</th> </tr> </thead> <tbody> <tr> <td>LESS than 60</td> <td>30 mg</td> <td>6 mL</td> </tr> <tr> <td>60 to 69.9</td> <td>35 mg</td> <td>7 mL</td> </tr> <tr> <td>70 to 79.9</td> <td>40 mg</td> <td>8 mL</td> </tr> <tr> <td>80 to 89.9</td> <td>45 mg</td> <td>9 mL</td> </tr> <tr> <td>90 or GREATER</td> <td>50 mg (MAX DOSE)</td> <td>10 mL</td> </tr> </tbody> </table> <p>Anticoagulation Step 2 (choose one):</p> <p><input type="checkbox"/> enoxaparin _____ mg (1 mg/kg) subcut q12h x 2 doses OR (if CrCl less than 30 mL/min) then:</p> <p><input type="checkbox"/> enoxaparin _____ mg (1 mg/kg) subcut daily x 1 dose</p> <table border="1" style="width: 100%; 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Then, prescriber to follow steps listed:</p> <p><input checked="" type="checkbox"/> See contraindications for fibrinolysis on page 1</p> <p><input checked="" type="checkbox"/> Call CODE STEMI doctor on call (1-204-237-2053) to discuss patient destination</p> <p>If NO, then</p> <p><input checked="" type="checkbox"/> prescriber to contact CODE STEMI doctor on call to discuss case.</p> <p>Post Tenecteplase</p> <p><input checked="" type="checkbox"/> Continuous cardiac monitoring</p> <p><input checked="" type="checkbox"/> Neurological assessment q1h x 2, then q4h x 24 hours</p> <p><input checked="" type="checkbox"/> Vital signs every 15 min x 4; then every 30 min x 2; then every 1 hr. x 4; then every 4 hrs. until transfer/admission. Continue vital signs and SpO2 every 15 min with ongoing chest pain and/or unstable vital signs</p> <p><input checked="" type="checkbox"/> 12 lead ECG 1 hour post-fibrinolytic bolus at _____ hrs</p> <p><input checked="" type="checkbox"/> 12 lead ECG 8 hours post fibrinolytic bolus at _____ hrs</p> <p><input checked="" type="checkbox"/> Arrange immediate transport to SBH</p> <p>Code STEMI doctor Directs patient destination as per expected time of arrival at SBH.</p> <ul style="list-style-type: none"> <input type="checkbox"/> For expected arrival at SBH from 0630 – 1800 hr: Patient to Y2. <input type="checkbox"/> For expected arrival off hours: Patient to SBH emergency department and call 204-237-2260. <input type="checkbox"/> NB: Instruct transport staff to page CODE STEMI doctor at 204-237-2053 if ongoing chest pain 30 minutes from SBH – patient would go directly to Cath Lab instead of emergency department <p><input checked="" type="checkbox"/> Page and inform SBH CODE STEMI doctor at 204-237-2053 of patient transfer.</p> <p>Disposition:</p> <p><input type="checkbox"/> St. Boniface Hospital</p> <p><input type="checkbox"/> SCU</p> <p>Date/Time: _____</p> <p><input checked="" type="checkbox"/> Complete Cardiac Care Patient Teaching Record</p>
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