NEW MEXICO STEMI INTERHOSPITAL TRANSPORT PROTOCOL

Revised 3/27/19

STEMI Criteria:
➢ Signs/Symptoms of Acute Coronary Syndrome (ACS)

>>>>> AND <<<<<
➢ ST segment elevation of 1mm or more in two contiguous leads
➢ If ST elevation inconclusive, isolated to V1-V2 or LBBB then consult with a physician.

ACTIVATE TRANSPORT
Consider availability and ETA of Air or Ground ALS EMS for transfer to PCI Center

Notify STEMI Receiving/PCI Capable Hospital and Activate STEMI Alert
(Request Activation of STEMI Protocol)
New Mexico Receiving Center and PCI Capable Hospitals Listed Below:

NORTHERN N.M.
Christus St. Vincent Hospital
(Santa Fe, NM)
Call: 800-470-9070

San Juan RMC
(Farmington, NM)
Call: 505-609-6102

CENTRAL N.M.
Heart Hospital/Lovelace Medical Center
(Albuquerque, NM)
Call: 888-727-7646

UNM Hospital
(Albuquerque, NM)
Call: 888-UNM-PALS
(888-866-7257)

Veteran Admin. Hospital
(Albuquerque, NM)
Call: 505-256-2793

SOUTHERN N.M.
Carlsbad Medical Center
(Carlsbad, NM)
Call: 575-887-4124

Lea Regional Medical Center
(Hobbs, NM)
Call: 575-691-9871

Eastern NM Medical Center
(Roswell, NM)
Call: 575-624-8766

Memorial Medical Center
(Las Cruces, NM)
Call: 575-521-2286

Gerald Champion RMC
(Alamogordo, NM)
Call: 575-446-5270 or 575-443-7901

Mountain View RMC
(Las Cruces, NM)
Call: 575-556-7272

Is estimated time from first medical contact to PCI at receiving facility <90 minutes?

YES

Primary PCI

GOAL: ED Door to Transfer is within 30 minutes!

Apply Cardiac Monitor
Oxygen to keep patient O2 saturation >95%
Administer 324 mg aspirin PO chewed x 1
IV (Avoid area below mid-forearm bilaterally if possible.)
Give Ticagrelor (Brilinta) 180mg PO or Clopidogrel (Plavix) 600mg PO or Prasugrel (Effient) 60mg PO. Choose ONLY ONE: Brilinta, Plavix, or Effient
Give Heparin 70 units/kg IVP
Consider NTG 0.4 mg SL q 5 minutes for pain control
Consider narcotic for pain control
Do not delay transport for any of the above steps or for the paperwork
Transfer patient directly to Cath Lab
Avoid IV drips when possible

NO

Are there any contraindications to fibrinolysis?

NO

Goal: First Medical Contact to Needle within 30 minutes
Initiate Thrombolytics – Follow Protocol and checklist on next page.
Absolute Contraindications for Fibrinolysis (TNK) in STEMI:
➢ Any prior intracranial hemorrhage
➢ Known structural cerebral vascular lesion (i.e., arteriovenous malformation)
➢ Known malignant intracranial neoplasm (primary or metastatic)
➢ Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 3 hours
➢ Suspected aortic dissection
➢ Active bleeding or bleeding diathesis (excluding menses)
➢ Significant closed head or facial trauma within 3 months

Relative Contraindications for Fibrinolysis: (TNK) in STEMI:
➢ History of chronic severe, poorly controlled hypertension
➢ Severe uncontrolled hypertension on presentation (SBP more than 180 mm Hg or DBP more than 110 mm Hg)
➢ History of prior ischemic stroke more than 3 months, dementia, or known intracranial pathology not covered in contraindications
➢ Traumatic or prolonged CPR (over 10 minutes)
➢ Major surgery (within last 3 weeks)
➢ Recent internal bleeding (within last 2-4 weeks)
➢ Noncompressible vascular punctures
➢ For streptokinase/anistreplase: prior exposure (more than 5 days ago) or prior allergic reaction to these agents
➢ Pregnancy
➢ Active peptic ulcer
➢ Current use of anticoagulants: the higher the INR, the higher the risk of bleeding

STEP 1: Give Tenecteplase (TNKase)

Tenecteplase (TNKase) IV over 5 seconds: Recommended total dose should not exceed 50 mg!

<table>
<thead>
<tr>
<th>Patient Weight</th>
<th>TNKase Reconstituted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kg</td>
<td>Lbs</td>
</tr>
<tr>
<td>&lt;60</td>
<td>&lt;132</td>
</tr>
<tr>
<td>60 to &lt;70</td>
<td>132 to &lt;154</td>
</tr>
<tr>
<td>70 to &lt;80</td>
<td>154 to &lt;176</td>
</tr>
<tr>
<td>80 to &lt;90</td>
<td>176 to &lt;198</td>
</tr>
<tr>
<td>≥90</td>
<td>≥198</td>
</tr>
</tbody>
</table>

STEP 2: Give Unfractionated Heparin Bolus and Drip OR Enoxaparin (Lovenox)

Unfractionated Heparin (UFH):
➢ Heparin IV Bolus (60 units/kg, max 4,000 units)
➢ Heparin IV drip (12 units/kg/hr, max 1,000 units/hr)

OR

Enoxaparin (Lovenox):

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;75</td>
<td>30 mg IV plus 1mg/kg SC (maximum dose 100 mg)</td>
</tr>
<tr>
<td>≥75</td>
<td>No bolus. 0.75mg/kg SC (maximum dose 75mg)</td>
</tr>
</tbody>
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STEP 3: Give full dose Aspirin AND Clopidogrel (Plavix)

Full Dose Aspirin: 325 mg

AND

Clopidogrel (Plavix):
➢ 300 mg (<age 75)
➢ 75 mg (≥age 75)

➢ Apply Oxygen to keep patient O2 saturation at ≥95%
➢ Repeat EKG 30 minutes after fibrinolytics administration if possible

TRANSPORT TO PCI HOSPITAL IMMEDIATELY!!!!