

EMERGENCY DEPARTMENT POLICIES

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Original Date of Issue: 5/29/91

Reviewed:	1/93	5/94	2/99	12/99	4/06		
Revised:	9/94	12/96	5/00	12/00	5/03	7/05	9/08

Patient Population

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

1. Patient presents to ED with symptoms concerning for cardiac ischemia, including syncope and adult new onset seizure.

- A. ECG obtained and presented to ED attending within 10 minutes of triage.

2. Acute MI pathway

- A. ECG with ST segment elevation or new left bundle branch block (if not present skip to section 3)
- B. Obtain IV access/ place patient on monitor/ oxygen 2 liters via nasal cannula
- C. ED attending calls AMAC to activate “MI Team”
- D. Medical therapy
 - ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
 - Metoprolol 5 mg IV Q 5 minutes X 3
 - Heparin 60 unit/kg IV bolus then 12 unit/ kg/ hour drip
 - NTG (0.4mg SL Q 5 minutes or via IV drip) as needed for ischemic discomfort
 - If door to balloon time estimated at > 2 hours
 - Fibrinolysis
 - Reteplase 10 U IV over 2 minutes (door to drug goal < 1 hr)

3. Acute Coronary Syndrome Pathway

- A. Risk stratify by Goldman Criteria
 - ECG evidence of myocardial ischemia
 - >/= 1mm ST depression in 2 or more leads (new or not known to be old)
 - T wave inversions in 2 or more leads (new or not known to be old)
 - Systolic BP < 110mm Hg
 - Crackles above the bases
 - Known unstable ischemic heart disease (by the following criteria)
 - Worsening of previously stable angina
 - Post infarction angina or angina after CABG/PTCA
 - Pain same as with previous MI

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- If any of the above risk factors are present, patient is to be admitted to cardiac telemetry. Proceed to section 4 for risk adjusted treatment regimen.

- If no Goldman risk factors present but patient has a concurrent medical issue that mandates admission, patient is to be admitted to medical telemetry. Proceed to section 4 for risk adjusted treatment regimen.

- All other patients should be admitted to the Chest Pain Unit for further evaluation. Proceed to section 4 for risk adjusted treatment regimen.

4. Risk adjusted treatment recommendations.**A. Calculate TIMI Risk Score**

- Age > 65
- Prior coronary artery stenosis > 50%
- 3 or more CAD risk factors (HTN, hypercholesterolemia, family history, diabetes mellitus, smoking)
- Aspirin in last 7 days
- > 2 anginal events in last 24 hours
- ST deviation
- Elevated biomarkers

- Each variable is assigned 1 point and summed for TIMI Risk score.

B. TIMI Risk score is 0-2 (low risk)

- ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
- NTG (0.4mg SL Q 5 minutes or paste) as needed for ischemic discomfort
- Consider Lovenox 1mg/ kg SQ

C. TIMI Risk score 3-4 (moderate risk)

- ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
- Lovenox 1mg/kg SQ
- Consider beta blocker (metoprolol 5mg IV x 3 or atenolol 50mg PO X 1)
- NTG (0.4mg SL Q 5 minutes or paste) as needed for ischemic discomfort

D. TIMI Risk score 5-7 (high risk)

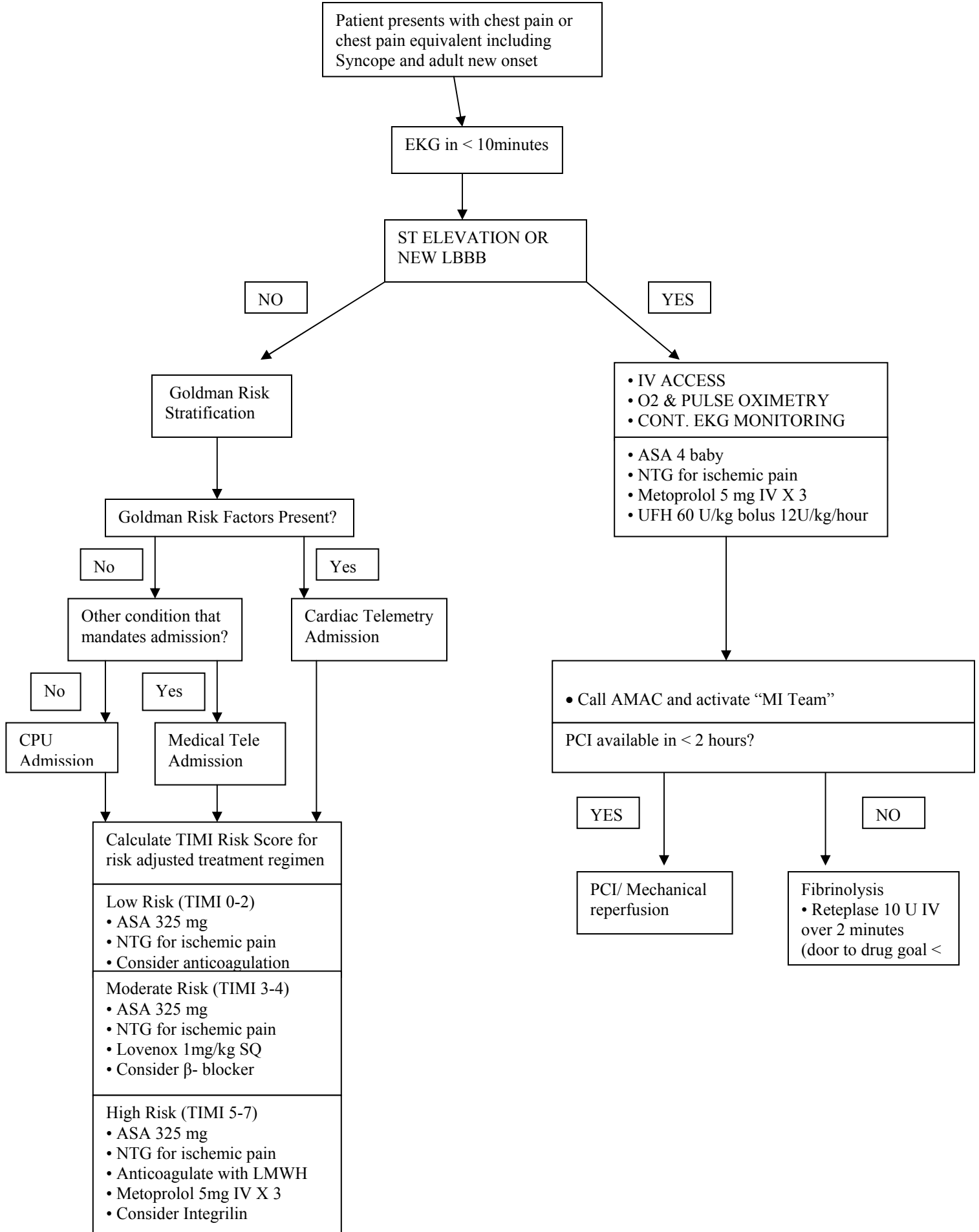
- ASA 4 baby (81mg) PO (if allergy substitute clopidogrel 300mg PO)
- Lovenox 1mg/ kg SQ
- Metoprolol 5mg IV x 3
- NTG (0.4mg SL Q 5 minutes or paste) as needed for ischemic discomfort
- Consider Integrillin 180 mcg/kg bolus then 2mcg/kg/min IV drip

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<p>Calculate TIMI Risk Score for risk adjusted treatment regimen</p> <p>Low Risk (TIMI 0-2)</p> <ul style="list-style-type: none"> • ASA 325 mg • NTG for ischemic pain • Consider anticoagulation <p>Moderate Risk (TIMI 3-4)</p> <ul style="list-style-type: none"> • ASA 325 mg • NTG for ischemic pain • Lovenox 1mg/kg SQ • Consider β- blocker <p>High Risk (TIMI 5-7)</p> <ul style="list-style-type: none"> • ASA 325 mg • NTG for ischemic pain • Anticoagulate with LMWH • Metoprolol 5mg IV X 3 • Consider Integrilin
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