

Sample form!

Contact info@projectupstart.com for template

ED activation of the cath lab for STEMI

IF

ECG shows definite evidence of STEMI with 1 or more mm of ST elevation in 2 contiguous leads (or a new LBBB) and a story c/w acute MI

AND

Patient does not have any of the following conditions:

- Diagnosis of STEMI uncertain (? pericarditis, etc)
- Age > 80
- Onset of pain >12 hours prior to presentation
- CPR administered en route for >5 minutes
- Currently intubated or in severe clinical shock
- Known to be DNR status
- **Has a known dye or contrast allergy**
- Severe comorbidities (including the following)
 - Renal failure (creatinine > 2.0 on previous record)
 - Severe COPD (patient on home oxygen, etc)
 - Dementia, severe disorientation or inability to cooperate/provide consent
 - Severe bleeding disorder including **any patients on Coumadin**

THEN

The ED physician should activate the cath lab without first waiting to consult cardiology

- ** STEMI patients who don't meet the above criteria still need to go to the cath lab but speak to cardiology before activating cath lab. Make sure to clarify who is activating the cath lab – the ED or Cardiology
- ** All ED activations must be done by the ED attending directly to the operator, NOT by nursing staff or residents; clearly document activation on chart.
- ** If possible attempt to obtain old ECGs, particularly if the diagnosis is uncertain

Comments Section Below-what went right (or wrong) during this STEMI ALERT?