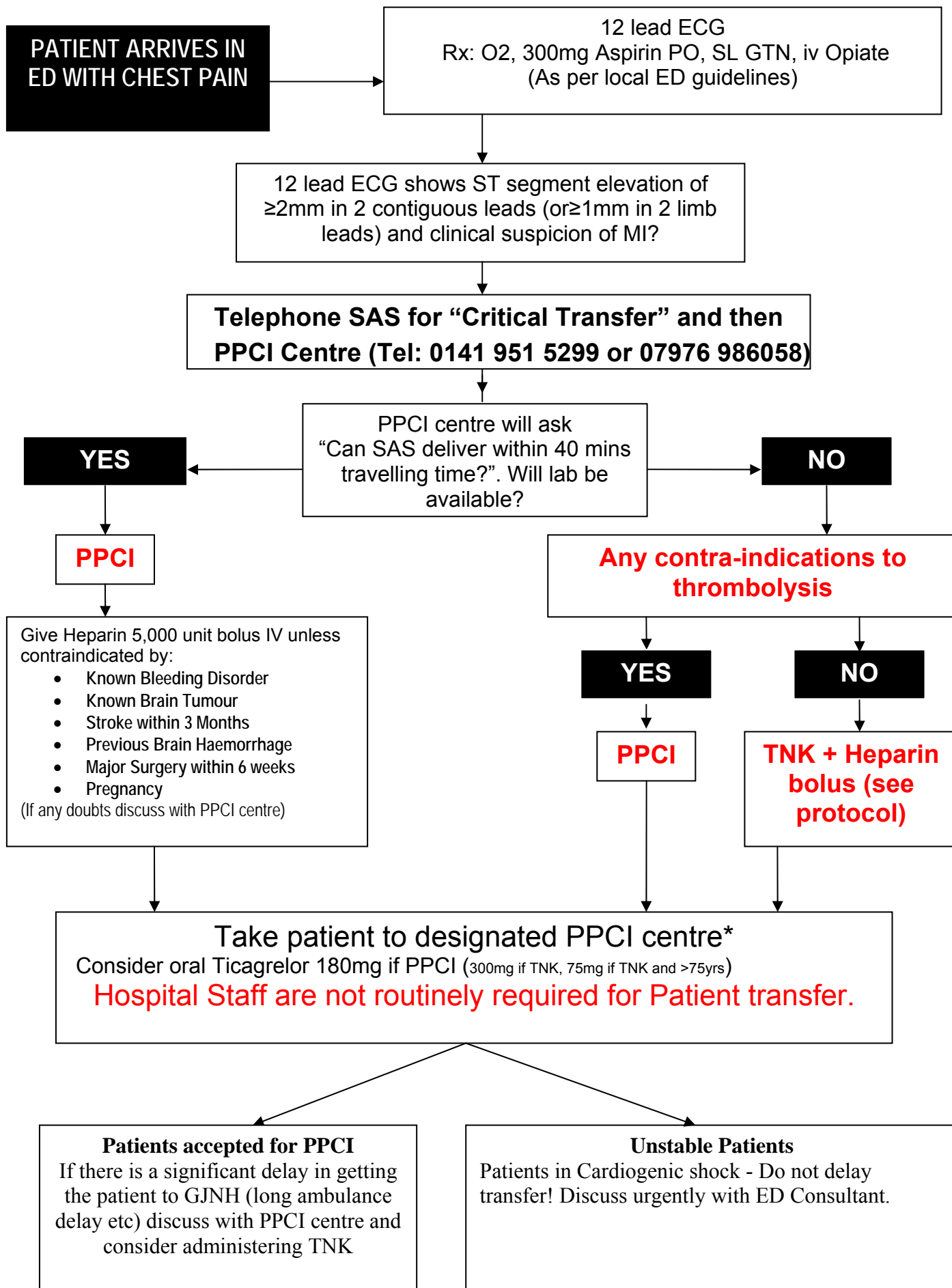


**OPTIMAL REPERFUSION THERAPY SERVICE FOR PATIENTS WITH STEMI:
CLYDE EMERGENCY DEPARTMENTS**



- For patients thrombolysed in ED: after confirmation that transfer is urgently required.
- Fax Number GJNH: 0141 951 5893

Tenecteplase Dosing

Procedure for patients with STEMI who are for thrombolysis rather than PPCI

Administer P² as a single bolus over 10 seconds. Do not administer if patient has a history of stroke or intracranial hemorrhage. Do not administer if patient is currently taking oral anticoagulants or antiplatelet agents.

Tenecteplase single weight adjusted bolus over 10 seconds

Weight	Weight imperial	Dose	Volume
< 60 kg	< 9 st 6 lb	30 mg	6 ml
60 - 69.9 kg	9 st 6 lb - 11 st	35 mg	7 ml
70 - 79.9 kg	11 st 1 lb - 12 st 8 lb	40 mg	8 ml
80 - 89.9 kg	12 st 9 lb - 14 st 2 lb	45 mg	9 ml
> 90 kg	> 14 st 2 lb	50 mg max dose	10 ml

N.B. 90 minutes post thrombolysis – if pain persists or a review of ECG shows a fall in ST elevation < 50% contact GJNH regarding rescue PPCI for non-reperfusion.

Initial management of STEMI presenting to A&E

Step 1: Oxygen and monitor ECG.

Step 2: Call 999 and ask for “Emergency PCI Transfer”.

Step 3: Commence medical treatment (see Box 1 page 95) (**N.B.** If patient is going direct to cath lab, give clopidogrel 600 mg stat dose.)

Step 4: Contact Golden Jubilee National Hospital (GJNH) 0791 761 6501 and give information of patient transfer.

Step 5: Fax ECG to GJNH if possible (fax 0141 951 5893)

If PPCI is not possible or there are logistical reasons causing a significant delay to PPCI, it may be necessary to administer thrombolytic therapy (see Box 2 on page 95).

Some patients with multiple co-morbidities may not be candidates for PPCI or thrombolysis.

Contraindications to thrombolysis

Absolute:

- Haemorrhagic stroke or stroke of unknown origin at any time
- Ischaemic stroke in preceding 6 months
- Central nervous system damage / neoplasms
- Major trauma / surgery / head injury within preceding 3 weeks
- Gastrointestinal bleeding within the last month
- Known bleeding disorder
- Aortic dissection

Relative – discuss with senior staff before withholding:

- Transient ischaemic attack in preceding 6 months
- Oral anticoagulant therapy
- Pregnancy or within 1 month post partum
- Non-compressible punctures < 24 hours
- Traumatic resuscitation
- Refractory hypertension (systolic BP > 180 mmHg).
- Advanced liver disease
- Infective endocarditis
- Active peptic ulcer
- Terminal illness