

STEMI

ST-Elevation Myocardial Infarction

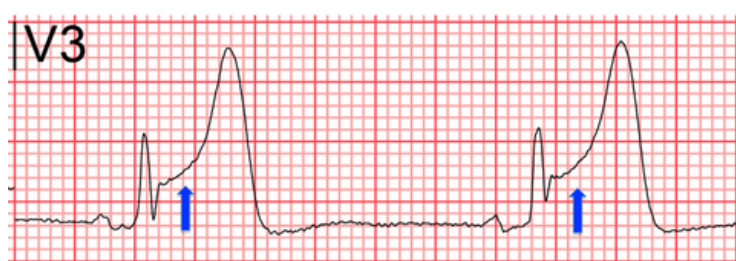


Patient arrives in ED with chest pain



12 lead ECG

12 lead ECG shows ST elevation of ≥ 2 mm in 2 contiguous leads (or ≥ 1 mm in 2 limb leads) and clinical suspicion of MI



Example : ST elevation in V3

History & examination

- Chest pain - crushing, tightness or squeezing centrally
- Pain in left arm, jaw, neck, back or abdomen
- Shortness of breath
- Pallor
- Sweating
- Nausea and/or vomiting
- Dizziness/lightheaded
- Anxiety

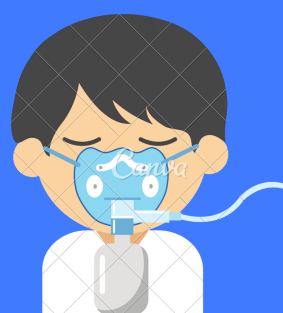


Immediate management (as per local ED guidelines)



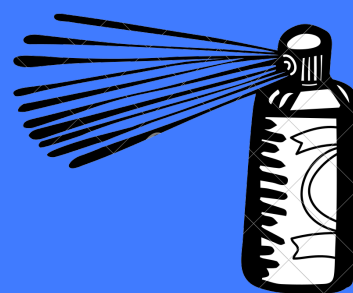
Oxygen

300mg Aspirin PO



SL GTN

IV Opiate



Telephone SAS for "Critical Transfer" and then PPCI Centre



Can SAS deliver within 40 mins travelling time? Will lab be available?



YES



PPCI



Give heparin 5,000 unit bolus IV (unless CI)



NO



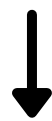
Any contraindications to thrombolysis?



YES



PPCI



NO



TNK + Heparin bolus



Take patient to designated PPCI centre

Consider oral Ticagrelor 180mg if PPCI