

STEMI - ST Elevation Myocardial Infarction - Summary Clinical Guideline

Reference no.: CG-CARDIO/2023/008

Date of review: Dec 2023

On admission:

1. Confirm diagnosis by reviewing ECG and history
2. Activate PPCI team (call 07584407868)
3. Antiplatelet therapy as per flow chart - see antiplatelet chart
4. Analgesia (morphine) and anti-emetic
5. Oxygen only if hypoxic
6. i.v. access and bloods
7. Transfer immediately to cath lab or CCU holding bay on monitor

Post PPCI:

1. Review within 30 minutes
2. Repeat ECG
3. Look for complications (auscultate heart and chest, CXR, check access site and blood results)
4. Betablockade (unless contraindicated), atorvastatin 80mg (20mg if CKD, 40mg if interacting meds)
5. Consider ACEI (Ramipril 1.25mg and titrate)

Day 2:

1. Review early with repeat ECG
2. CXR if not done, ECG,
3. Book echo
4. Continue aspirin, second antiplatelet, statin, b blocker (titrate), ACEI (titrate), prophylactic enoxaparin, GTN prn
5. Treat complications

Day 3:

1. Consider early discharge for uncomplicated MI (not anterior) or move to ward
2. Mobilise if not already
3. Review meds

Discharge when mobile and asymptomatic (usually day 4-5)

1. Arrange OP echocardiogram (if not done or if LVEF <40%)
2. Confirm cardiac rehabilitation
3. Confirm drugs and follow up with patient
4. Complete TTOs – ensure antiplatelet treatment duration, follow up plans (nurse led if EF >40% and no other lesions to treat?), need to titrate medications is included