

STEMI Diagnosis*

If diagnosis UNCERTAIN, call Outside Call Cardiologist (204-237-2053) or local specialist to discuss.
If diagnosis CERTAIN, DO NOT delay treatment by calling! Follow as below.

Can this patient arrive at SBH in less than 100 min FROM FIRST MEDICAL CONTACT?

YES, MD to:

- First**, arrange Immediate Appropriate Transfer for Primary PCI*
- Then**, page the Interventional Cardiologist on Call (204-237-2053)

Drugs prior to transport: (if no contraindication)

- ASA 160 mg
- Clopidogrel 600 mg **OR** ticagrelor 180 mg
- Bolus** IV Heparin 70 u/kg **OR** IV enoxaparin 0.5 mg/kg

NO, MD to:

First, administer immediate Fibrinolysis (if no contraindication)

Less than or Equal to 75 years

- TNK 0.5 mg/kg *max 50 mg*
- Enoxaparin 30 mg IV & 1 mg/kg subcut *max 100 mg*
- Clopidogrel 300 mg PO

Greater than 75 years

- TNK 0.5 mg/kg *max 50 mg*
- Enoxaparin 0.75 mg/kg subcut *max 80 mg*
- Clopidogrel 75 mg PO

Then, MD to follow steps below:

- Arrange Immediate transfer for coronary angiography
- Call Outside Call Cardiologist (204-237-2053) to discuss patient destination
- Complete Cath Lab Referral form fax (204-258-1089) or send with patient
- Instruct transport staff to page Interventional Cardiologist on Call (204-237-2053) **if ongoing pain 30 minutes from SBH**

Outside Call Cardiologist:

- Direct patient destination as below
- Inform Interventional Cardiologist on call

Expected Arrival Work Day 06:30 - 18:00

Patient to Y2 Pre & Post

Expected Arrival Off Hours

Patient to SBH ER & inform ER (call 204-237-2260)

*WRHA STEMI

- Emergency Physician or nurse call 204-986-5922
- State there is a 'STEMI RED' patient requiring transport
- Provide the IFTC with the following information:
 - Ward/Room and transporting facility name
 - Patient's name
 - Does the patient require transvenous pacing, inotropes or vasopressors or is this patient intubated?
- The above information determines the appropriate level of transport staff

*Non WRHA

- As per local/regional guidelines, consider STARS, Lifelight as appropriate

FMC: FMC is the time of triage at the hospital or arrival of a paramedic at the side of the patient for emergency medical services (EMS) users

Absolute Contraindications

As determined by asking the patient the following series of questions:

- Have you ever had a bleed into your brain?
- Have you ever had a brain aneurysm, a brain tumor, or recent brain or spine surgery (within the past two months)?
- Have you had any significant head or facial trauma within the past three months?
- Have you had a stroke within the past three months?
- Have you had recent major bleeding, or major surgery or a biopsy
- Are you currently pregnant or within one week post-delivery?

As determined when there is a high index of suspicion by the clinician

- Physician suspects acute aortic dissection
- Physician suspects acute pericarditis

Relative Contraindications

As determined by the clinician

- Any measurement of a blood pressure on this encounter: Systolic BP greater than 180 mmHg and/or diastolic BP greater than 110 mmHg
- Traumatic or prolonged CPR

Enoxaparin Contraindications

- Refer to contraindications for fibrinolytics (as above)
- Allergy or hypersensitivity to heparin, pork products or to enoxaparin