



Queensland Government

Reperfusion for STEMI Clinical Pathway

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Facility:

- If pPCI is possible within 120 minutes of FMC, **URGENTLY** contact the on-call Interventional Cardiologist.
- Clinical pathways never replace clinical judgement. Variances must be clearly documented in patient notes.
- Every person documenting in this clinical pathway **must** supply a sample of their initials and signature (page 2).

FMC: <input type="checkbox"/> QAS <input type="checkbox"/> Hospital <input type="checkbox"/> GP	Symptom onset:	fdECG:
Date: ____/____/____ Time (24hr): ____:____	Date: ____/____/____ Time (24hr): ____:____	Date: ____/____/____ Time (24hr): ____:____

Confirm eligibility of patient for emergency cardiac reperfusion		YES	NO
Every question MUST be answered.			
Mycocardial infarction likely from patient history (ongoing ischaemic chest pain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistent (present on two ECGs >10 minutes apart) ECG changes: STEMI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES to ALL: Continue through checklist

Identify ABSOLUTE contraindications to for CARDIAC REPERFUSION PATHWAYS		YES	NO
Every question MUST be answered.			
Ischemic chest pain >12 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms suggestive of an acute aortic dissection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to walk and attend to bodily needs without assistance at baseline level of function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of terminal illness with life expectancy ≤12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES TO ANY: Exit this pathway → Contact Cardiology Registrar for further advice

NO to ALL: Continue through checklist

Identify ABSOLUTE contraindications for THROMBOLYSIS		YES	NO
Every question MUST be answered.			
PCI possible within 120 minutes of FMC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active bleeding (excluding menstruation) or history of bleeding/clotting disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant closed head injury, or facial trauma within past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior intracranial haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischaemic stroke within past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known cerebral vascular lesion shunt or malformation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Known malignant intracranial neoplasm (e.g. brain tumour)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NO to ALL: Continue through checklist

Identify RELATIVE contraindications for THROMBOLYSIS		YES	NO
Every question MUST be answered.			
New LBBB or ≥0.5 mm STE in V4R or ≥1 mm STdep AND peaked T-wave in V2–V4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently on anticoagulants (e.g. apixaban, rivaroxaban, warfarin) OR Ticagrelor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ischaemic chest pain >6 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-compressible vascular puncture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major surgery within past 3 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR for >10 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal bleeding within past 4 weeks, or active peptic ulcer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected pericarditis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous ischemic stroke, or known intracranial abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension identified at any stage during care (systolic >180 mmHg or diastolic >110 mmHg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently pregnant, or within 6 weeks postpartum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute myocardial infarction in the setting of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently being treated with monoclonal antibody for Alzheimer's disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ECG STEMI (one or more of below)
<input type="checkbox"/> STE ≥1 mm in 2 contiguous limb leads
<input type="checkbox"/> STE ≥2 mm in 2 contiguous chest leads (V1–V6)
<input type="checkbox"/> STE ≥0.5 mm in posterior leads (V7–V9) AND ≥0.5 mm STdep in V1–V3

URGENT CONSULT with Emergency Consultant and/or Interventional Cardiologist for advice/plan
Discussed with:
Facility:
Date: ____/____/____
Time (24hr): ____:____

If for primary PCI:
<input type="checkbox"/> Notify QAS for IMMEDIATE transfer to interventional facility; OR
<input type="checkbox"/> Transfer to on-site Cath Lab as directed
Ensure administration of:
<input type="checkbox"/> Aspirin 300 mg (soluble)
<input type="checkbox"/> Ticagrelor 180 mg OR Clopidogrel 300 mg (or alternative as directed by Cardiologist)
<input type="checkbox"/> Heparin 100 units/kg IV bolus (maximum dose 10,000 units)

NO TO ALL CONTRAINDICATIONS: Immediately proceed to thrombolysis (target <30 minutes of FMC). Follow directions on page 2.

DO NOT WRITE IN THIS BINDING MARGIN

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SW547

REPERFUSION FOR STEMI CLINICAL PATHWAY



Reperfusion for STEMI Clinical Pathway

URN:

Family name:

Given name(s):

Address:

Facility:

Date of birth:

Sex: M F I

Thrombolysis General Management

- Informed verbal consent
- Record baseline observations: vitals, circulation, neurological
- 2 x IV access

Thrombolysis Medication

(Record all medications prescribed in patient medication chart)

Confirm administration of or give:	Dose	Route	Time (24hr)
<input type="checkbox"/> Aspirin 300 mg	..... mg	PO	
<input type="checkbox"/> Clopidogrel 300 mg (or 75 mg if age ≥70 years)	..... mg	PO	
<input type="checkbox"/> Tenecteplase (see weight and age adjusted dose guide) • Patient weight (kg): .....	..... mg	IV	
<input type="checkbox"/> Enoxaparin (see dose guide)	..... mg	IV	
OR			
<input type="checkbox"/> Unfractionated Heparin • Consider with severe renal failure (eGFR <30 mL/min) • IV bolus 60 units/kg (maximum 4,000 units) • Then infusion 12 units/kg/hr (maximum 1,000 units/hr)	..... mg	SC	
	..... units	IV bolus	

Tenecteplase Dose Guide

If age ≥70 years: Administer half the standard dose of tenecteplase

Body weight (kg)	International units	mg	mL
<60	6,000	30	6
≥60 to <70	7,000	35	7
≥70 to <80	8,000	40	8
≥80 to <90	9,000	45	9
≥90	10,000	50	10

Enoxaparin Dose Guide

Dose (omit if on NOAC/Warfarin)	Age <70 years	Age ≥70 years	Renal failure (eGFR <30 mL/min)
Loading dose	30 mg IV bolus	None/omit	Use Unfractionated Heparin
Maintenance dose	1 mg/kg SC BD begin 15 minutes after bolus (maximum 100 mg for first 2 doses)	0.75 mg/kg SC BD (maximum 75 mg for first 2 doses)	

Post-Thrombolysis Management

- Contact QAS/RSQ to refer ALL thrombolysed STEMI patients for immediate transfer to Interventional Cardiac Facility**
(complete urgent consult details on page 1)
- 12 lead ECGs reviewed at 30 minutes, 60 minutes and 90 minutes
- If failed reperfusion (i.e. unresolved pain and STE has not reduced >50% at 60 minutes): for urgent consult with on-call Interventional Cardiologist (complete referral details on page 1)
- Continuous cardiac monitoring
- Nurse Special (1:1) for first hour post-thrombolysis
- Frequent observations: vitals, circulation, neurological

MEDEVAC Checklist

- QAS/RSQ notified (RSQ phone: 1300 799 127) → Contact date: / / Time (24hr): : ETA (24hr): :
- Patient and NoK informed
- Photocopy all ECGs and documentation

Comments:

Treating Emergency Department Medical Officer

Print name:

Signature:

Date:

Time (24hr):

..... / /

..... :

Signature Log (Every person documenting in this clinical pathway must supply a sample of their initials and signature)

Print name	Designation	Signature	Initials	Print name	Designation	Signature	Initials

BD Twice daily
CPR Cardiopulmonary Resuscitation
DOAC Direct Oral Anticoagulant
ECG Electrocardiogram
eGFR Estimated Glomerular Filtration Rate
fdECG First Diagnostic ECG
FMC First Medical Contact

GP General Practitioner
IV Intravenous
LB Left Bundle Branch Block
MEDEVAC Medical Evacuation
NoK Next-of-Kin
PO Per os (by mouth)
pPCI Primary Percutaneous Coronary Intervention

QAS Queensland Ambulance Service
RSQ Retrieval Services Queensland
SC Subcutaneous
STE ST-Elevation
STEMI ST-Elevation Myocardial Infarction
STdep ST-segment Depression