



STEMI or New Left Bundle Branch Block Transfer Protocol

Once you identify **STEMI**, call University Hospital Transfer Center **1-877-236-4828**

Immediate Orders

- Call to activate transport
- Insert 2 large bore IV lines (preferably on left side)
- Draw blood for CBC, BMP, Troponin, aPTT, and PT/INR
- Infuse NS at 30 mL/hr
- Administer oxygen to keep SaO₂ > 90%
- Administer the following medications (unless contraindicated):
 - Aspirin 324 mg (81 mg x 4 chewable tabs) PO or 300 mg PR
 - Atorvastatin 80 mg PO
 - Heparin:
 - Bolus: 60 units/kg (max of 4,000 units)
 - Maintenance: 12 unit/kg/hr (max of 1,000 units/hr)
 - **Note: Heparin is preferred over Enoxaparin (Lovenox®)**

PCI Pathway

Patient is **able** to get to PCI center in < 120 minutes
(Goal is to leave the ED in < 30 minutes)

- Ticagrelor 180 mg (90 mg x 2 tabs) PO
- OR –
- Clopidogrel 600 mg (300 mg x 2 tabs) PO
- Package patient for transfer

***Ticagrelor (Brilinta®) is preferred over Clopidogrel (Plavix®)**
Do NOT administer both drugs.

LYTIC Pathway

Patient is **unable** to get to PCI center in < 120 minutes
(Goal is to receive lytics in < 30 minutes)

- STEMI dose lytics
- Clopidogrel
 - 300 mg PO (if ≤ 75 y/o)
 - 75 mg PO (if > 75 y/o)
- Package patient for transfer

Other Medications / Considerations

- Nitroglycerin
 - Sublingual: 0.4 mg Q5 minutes for up to 3 doses
 - Intravenous: 10-200 mcg/min, titrate to pain relief
 - Do NOT administer SL or IV Nitroglycerin if RV infarct, SBP ≤ 90 mmHg, HR < 50 bpm, or use of PDE-5 inhibitor (Sildenafil, Tadalafil, Vardenafil) within 24-48 hours
- Metoprolol 5 mg IV Q10 minutes for up to 3 doses
 - Do NOT administer Metoprolol if SBP < 120 mmHg; HR < 60 bpm; HR > 110 bpm; AV block, or signs of heart failure or shock
- Morphine sulfate 2-4 mg IV prn pain
- Ondansetron 4 mg IV Q8 hours prn nausea
- Consider therapeutic hypothermia in comatose patient with STEMI or out of hospital arrest with STEMI

