



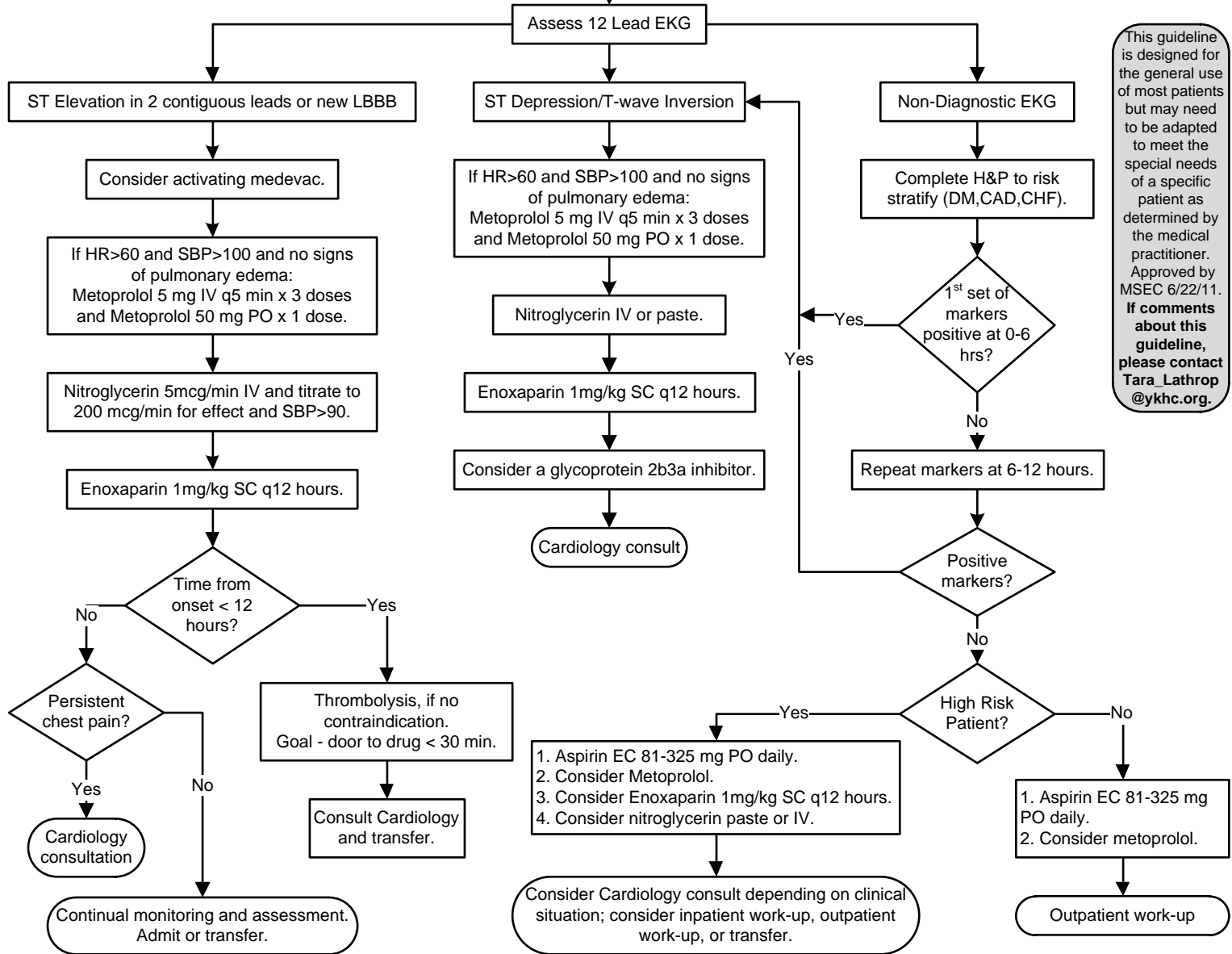
**Patient presents with chest pain suggestive of MI**  
Substernal/Left sided chest pain, shortness of breath, diaphoresis, nausea

For non-native patients, please consult Alaska Cardiology Associates.

Focused history and physical exam.  
Focus on fibrinolytic therapy analysis.

Immediate treatment within 10 minutes: Oxygen 4L NC.  
Aspirin 162-325 mg PO. (Clopidogrel 300 mg PO if allergy.)  
Nitroglycerin SL q5 min prn chest pain.  
Morphine 2-4 mg IV, repeat in 5 minutes for effect.

Immediate assessment within 10 minutes:  
CK-MB, Troponins, CBC, BMP, magnesium,  
PT/PTT, EKG, & CXR.



This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by MSEC 6/22/11. If comments about this guideline, please contact Tara Lathrop @ykhc.org.

### Fibrinolytic Therapy Recommendations

#### Indications:

Chest pain suggesting MI, ST - segment elevation >0.1 mV (1mm) in 2 or more contiguous ECG leads or new LBBB, time to therapy < 12 hours, age < 75 years (age > 75 years Class Iia), evidence of ongoing ischemia.

#### Absolute contraindications:

H/O CVA; intracranial or intraspinal surgery/trauma w/in 3 wks; intracranial neoplasm, AVM, or aneurysm; active internal bleeding (menses excluded) w/in 2-4 wks; known bleeding diathesis; severe uncontrolled HTN (>180/110); terminal illness.

#### Cautions:

Recent major surgery: cerebrovascular dz; recent GI bleeding, recent trauma; high likelihood of left heart thrombus; acute pericarditis; subacute bacterial endocarditis, renal or hepatic dysfunction; pregnancy; diabetic hemorrhagic retinopathy; septic thrombophlebitis; occluded AV cannula; advanced age > 75; currently on oral anticoagulants (Coumadin); recent gp 2b/3a inhibitor; platelet <100,000, conditions where bleeding would be difficult to manage.

### High Risk Criteria

- Hypotension
- Persistent CP suggestive of MI
- 2 or more episodes of rest angina in previous 24 hours.
- History of 3 or more cardiac risk factors
- History of Diabetes Mellitus
- Known CAD
- Age 65 years or greater
- Congestive heart failure
- New ST deviation > 0.5mm
- New pathological Q waves
- Sustained ventricular tachycardia
- Elevated cardiac markers