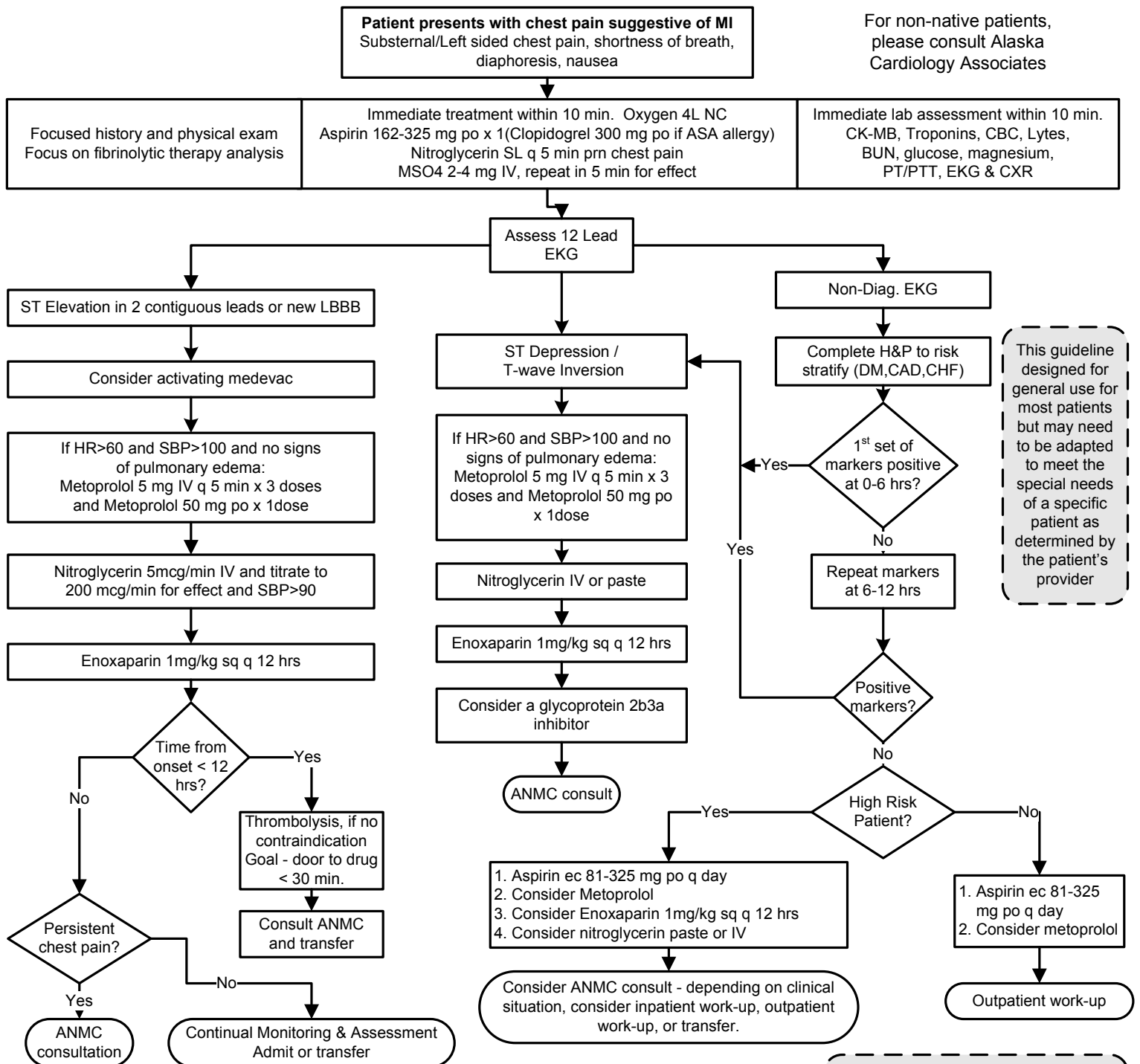


Myocardial Infarction – Acute

MSEC approved 06/22/11



This guideline designed for general use for most patients but may need to be adapted to meet the special needs of a specific patient as determined by the patient's provider

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 makers