



Patient discharged from hospital with acute MI (STEMI and NSTEMI).

Appointment made in outpatient clinic or SRC within 1-2 weeks of discharge:
 • Review cardiology plan, including medication list; echo with EF; and timeline for cardiology f/up, stress test, or diagnostic testing
 • EKG
 • CMP*
 • Lipid panel*
 • A1c*
 *if not available from recent hospitalization

Angina Treatment

- Sublingual nitroglycerin as needed.
- Uptitrate metoprolol to goal HR 55-60.
- Consult cardiology for consideration of long-acting nitrates, calcium channel blockers, and/or ranolazine, repeat stress testing if needed.

How was patient revascularized?

PCI

CABG

None, medical management

Drug-eluting stent

Bare metal stent

Aspirin + P2Y₁₂ inhibitor
 Goal >1 year
 Minimum per surgeon discretion

Aspirin + P2Y₁₂ inhibitor
 Goal >1 year
 No minimum

Aspirin + P2Y₁₂ inhibitor
 Goal >1 year
 Minimum 6 months

Aspirin + P2Y₁₂ inhibitor
 Goal >1 year
 Minimum 1 month

For All Patients (See Post-MI Medication Box):
 • Beta blocker
 • ACEi or ARB
 • Statin

Aldosterone antagonist (See box.) ← Yes — EF <40%

No

• Give PPSV23 if not previously given.
 • Counsel about smoking cessation.

PCP follow up in 4-6 weeks:
 • EKG if not done at first visit
 • BMP
 • Titrate medications as needed to reach goals.

Post-MI Medication Box

- Antiplatelet therapy**
 - aspirin 81-162mg daily for life
 - P2Y₁₂ inhibitor
 - clopidogrel 75mg daily
 - ticagrelor 90mg BID
 - prasugrel 5-10mg daily

Note: discuss with cardiology if considering stopping or holding DAPT within 1 year of MI with drug eluting stent.
- Beta blocker:** Goal HR 55-70. Avoid in patients with SBP <90, conduction abnormalities.
 - metoprolol succinate starting dose 25-50 mg, target dose 200 mg daily (or maximum tolerated without side effects)
 - atenolol starting dose 25 mg BID, target dose 50 mg BID
 - carvedilol starting dose 6.25 mg BID, target dose 25 mg BID
- ACEi/ARB:** Goal BP <130/80. Continue at low dose even if at goal at baseline.
 - lisinopril 5-40 mg daily
 - losartan 25-100 mg daily
- Statin therapy:** Goal LDL <70
 - high intensity (all patients age <75 yo)
 - atorvastatin 40-80 mg daily
 - rosuvastatin 20-40 mg daily
 - moderate intensity (patients age >75 OR intolerant of high intensity)
 - atorvastatin 10-20 mg daily
 - rosuvastatin 5-10 mg daily
 - simvastatin 20-40 mg daily

Note: if not at LDL goal <70, consider adding second agent (ezetimibe, fibrate, PCSK9 inhibitor, etc.).
- Aldosterone antagonist:** Monitor BMP. Avoid if K>5, CrCl <30.
 - spironolactone 12.5-50mg daily
 - eplerenone 25-50mg daily

Long-Term Follow-Up

- PCP follow up every 4-8 weeks as needed to obtain goal medical management.
- Cardiology follow up scheduled in 3-6 months, then per specialist.

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 6/8/21.
 Click [here](#) to see the supplemental resources for this guideline.
If comments about this guideline, please contact Ellen_Hodges@ykhc.org.