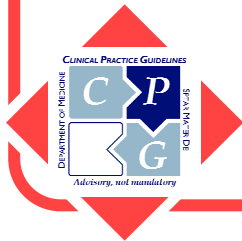


# Management of Acute Myocardial Infarction Guideline



\_\_\_\_\_

\_\_\_\_\_


Name and ID or affix patient data label here

DEPARTMENT OF MEDICINE



**Advisory, not mandatory**

## ECG FEATURES SUGGESTIVE OF ACUTE MYOCARDIAL INFARCTION:

| ST elevation in $\geq 2$ contiguous leads:<br>> 1 mm in limb leads<br>> 2 mm in chest leads | <input type="checkbox"/> | New LBBB or LBBB with one of the following:  |  | Score<br>( $\geq 3$ : MI probable) |
|---|--------------------------|--|---|------------------------------------|
| ST depression > 2 mm in only V1 and V2  | <input type="checkbox"/> | A: ST $\uparrow$ $\geq$ 1mV with positive QRS                                      |   | 5 <input type="checkbox"/>         |
| New Q waves   | <input type="checkbox"/> | B: ST $\uparrow$ $\geq$ 5mV with negative QRS                                      |   | 2 <input type="checkbox"/>         |
| Peaked T waves  | <input type="checkbox"/> | C: ST $\downarrow$ $\geq$ 1mV with negative QRS in V <sub>1</sub> - V <sub>3</sub> |   | 3 <input type="checkbox"/>         |

## MANAGEMENT

### ▶ Immediate assessment and care (especially regarding possible reperfusion)

- ▶ Focused medical history and clinical examination
- ▶ Continuous cardiac monitoring with immediate defibrillation possibility
- ▶ Venous access at two sites
- ▶ Lab tests (CBC, U/E/C, RBG, CPK, INR/APTT, X-match 2 units in reserve)

**Oxygen:** 10 l/min

**Aspirin:** 4 tabs of 75 mg PO (*not* enteric-coated), chewed and swallowed

**Ticlopidine:** 2 tabs of 250 mg PO, if allergic to aspirin

**Diamorphine:** 2.5 – 5 mg IV to relieve *all* pain

**Atenolol:** 50 – 100 mg PO, in the presence of:  
tachycardia with no heart failure, relative hypertension, unresponsive pain

**Nitrates:** *Not* recommended for routine use

### ▶ Screen for contra-indications to thrombolytic therapy:

(list is advisory for clinical decision-making and not definitive or all-inclusive)

#### Absolute contra-indications

- ▶ Haemorrhagic stroke or stroke of unknown origin at any time
- ▶ Ischaemic stroke in preceding 6 months
- ▶ Known intracranial neoplasm
- ▶ Recent major trauma/surgery/head injury in preceding 3 weeks
- ▶ Gastro-intestinal bleeding in preceding 1 month
- ▶ Known bleeding disorder
- ▶ Suspected aortic dissection
- ▶ Active internal bleeding (excluding menses)

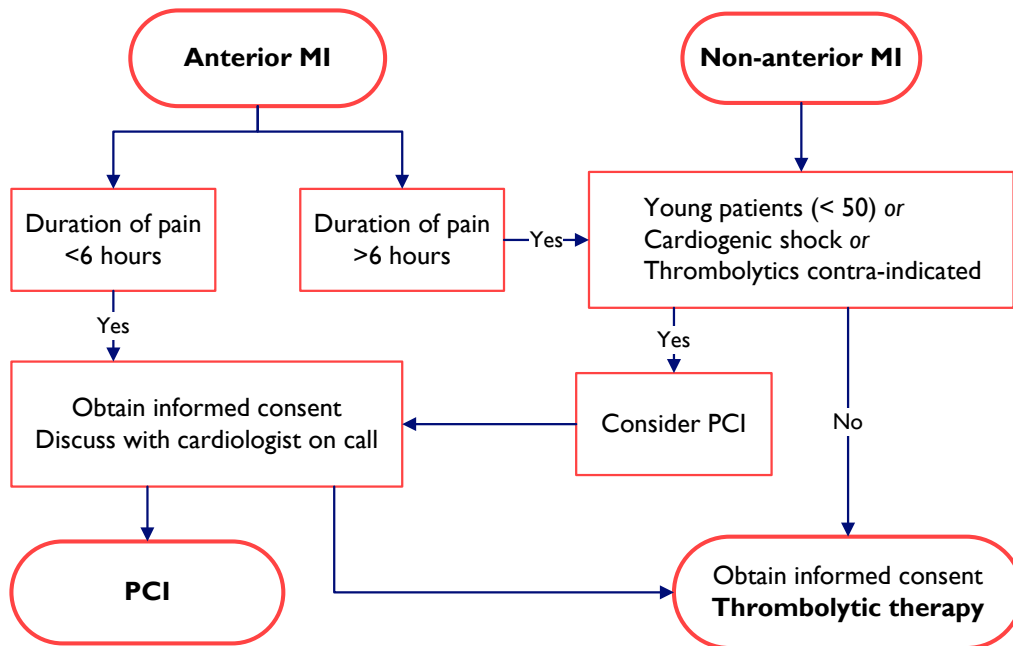
#### Relative contra-indications

- ▶ Transient ischaemic attack in preceding 6 months
- ▶ Other known intra-cerebral pathology
- ▶ Oral anti-coagulant therapy (INR greater than 2–3)
- ▶ Pregnancy or within 1 week post-partum
- ▶ Non-compressible vascular punctures
- ▶ Traumatic resuscitation
- ▶ Refractory hypertension (BP > 180/110 mmHg)
- ▶ Advanced liver disease
- ▶ Infective endocarditis
- ▶ Active peptic ulcer

This is a clinical practice guideline and clinical discretion may be used in its implementation



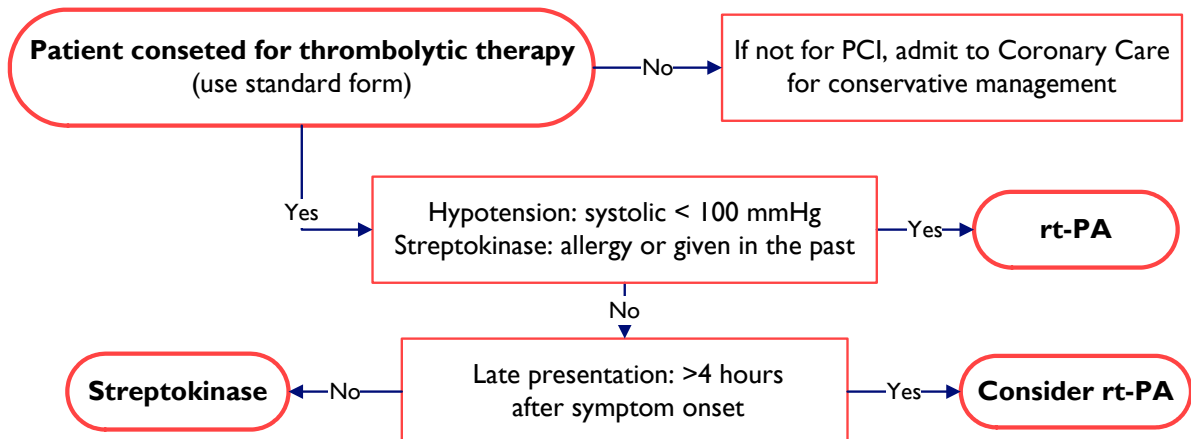
## CORONARY REPERFUSION THERAPY



### PCI:

1. Call Cath Lab team via the hospital operators (group page)
2. Prepare patient for procedure:
  - Confirm that ticlopidine has been given (2 tabs of 250 mg PO)
  - Prepare groin and gown
3. **IMMEDIATE** transfer to Cath Lab when summoned

### THROMBOLYTIC THERAPY:



▶ Agent given: SK  rt-PA   
 Time of start of infusion: \_\_\_\_\_ hrs

\_\_\_\_\_ Dr signature

Further information may be found on the Intranet Annexes at <http://cpg.mdh.gov.mt>

