



# CENTRA

Stroobants Heart Center

## Universal Pathway for Acute Myocardial Infarction

### ST-elevation or new LBBB MI

1. Call cath lab team (directly or through hospital switchboard)
2. Aspirin 325 mg
3. Prasugrel 60 mg (If history of stroke/TIA then substitute Clopidogrel 600 mg po)
4. Heparin per protocol
5. Notify cardiologist on call
6. IF **SUBSTANTIAL** DELAY TO CATH LAB, then consider standard thrombolytic therapy.

#### Indications for emergent reperfusion therapy

1. 30 min – 12 hours of continuous ischemic symptoms
2. EKG evidence of infarction:
  - a. At least 2 mm ST-elevation in 2 or more contiguous precordial leads
  - b. At least 1 mm ST-elevation in 2 or more limb leads
  - c. At least 2 mm ST-depression in V1 and V2 consistent with a posterior infarction
  - d. LBBB not known to be old

#### Relative contraindications to emergent cardiac catheterization

1. Significant renal insufficiency
2. Terminal illness with limited life expectancy
3. Severe peripheral vascular disease (no arterial access)
4. Active, severe bleeding
5. Severe dementia

#### Contraindications to thrombolytic therapy

1. Active GI bleeding
2. Major surgery or trauma within 6 weeks
3. History of CVA within 2 years
4. History of any CVA with residual neurological deficits
5. History of any CNS structural abnormality
6. Warfarin anticoagulation unless INR known to be less than 1.4
7. Puncture of non-compressible vessel within 24 hours

#### Relative contraindications to thrombolytic therapy

1. Any systolic BP reading >180 mm Hg
2. Any diastolic BP reading >110 mm Hg
3. Platelet count < 100,000