

# NEW MEXICO STEMI INTERHOSPITAL TRANSPORT PROTOCOL

Revised 3/27/19

## STEMI Criteria:

- Signs/Symptoms of Acute Coronary Syndrome (ACS)
- >>>> AND <<<<**
- ST segment elevation of 1mm or more in two contiguous leads
- If ST elevation inconclusive, isolated to V1-V2 or LBBB then consult with a physician.

## ACTIVATE TRANSPORT

Consider availability and ETA of Air or Ground ALS EMS for transfer to PCI Center

**Notify STEMI Receiving/PCI Capable Hospital and Activate STEMI Alert  
(Request Activation of STEMI Protocol)**

**New Mexico Receiving Center and PCI Capable Hospitals Listed Below:**

### NORTHERN N.M.

**Christus St. Vincent Hospital**  
(Santa Fe, NM)  
Call: 800-470-9070

**San Juan RMC**  
(Farmington, NM)  
Call: 505-609-6102

### CENTRAL N.M.

**Heart Hospital/Lovelace Medical Center**  
(Albuquerque, NM)  
Call: 888-727-7646

**Presbyterian Hospital**  
(Albuquerque, NM)  
Call: 505-841-1941

**UNM Hospital**  
(Albuquerque, NM)  
Call: 888-UNM-PALS  
(888-866-7257)

**Veteran Admin. Hospital**  
(Albuquerque, NM)  
Call: 505-256-2793

### SOUTHERN N.M.

**Carlsbad Medical Center**  
(Carlsbad, NM)  
Call: 575-887-4124

**Eastern NM Medical Center**  
(Roswell, NM)  
Call: 575-624-8766

**Gerald Champion RMC**  
(Alamogordo, NM)  
Call: 575-446-5270  
or  
575-443-7901

**Lea Regional Medical Center**  
(Hobbs, NM)  
Call: 575-691-9871

**Memorial Medical Center**  
(Las Cruces, NM)  
Call: 575-521-2286

**Mountain View RMC**  
(Las Cruces, NM)  
Call: 575-556-7272

**Is estimated time from first medical contact to PCI at receiving facility <90 minutes?**

**YES**

## Primary PCI

**GOAL: ED Door to Transfer is within 30 minutes!**

- Apply Cardiac Monitor
- Oxygen to keep patient O2 saturation  $\geq 95\%$
- Administer 324 mg aspirin PO chewed x 1
- IV (Avoid area below mid-forearm bilaterally if possible.)
- Give Ticagrelor (Brilinta) 180mg PO or Clopidogrel (Plavix) 600mg PO or Prasugrel (Effient) 60mg PO. **Choose ONLY ONE: Brilinta, Plavix, or Effient**
- Give Heparin 70 units/kg IVP
- Consider NTG 0.4 mg SL q 5 minutes for pain control
- Consider narcotic for pain control
- Do not delay transport for any of the above steps or for the paperwork
- Transfer patient directly to Cath Lab
- Avoid IV drips when possible

**NO**

**Are there any contraindications to fibrinolysis?**

**NO**

**Goal: First Medical Contact to Needle within 30 minutes**

**Initiate Thrombolytics – Follow Protocol and checklist on next page.**

# FIBRINOLYSIS

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## Absolute Contraindications for Fibrinolysis (TNK) in STEMI:

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (i.e., arteriovenous malformation)
- Known malignant intracranial neoplasm (primary or metastatic)
- Ischemic stroke within 3 months EXCEPT acute ischemic stroke within 3 hours
- Suspected aortic dissection
- Active bleeding or bleeding diathesis (excluding menses)
- Significant closed head or facial trauma within 3 months

## Relative Contraindications for Fibrinolysis: (TNK) in STEMI:

- History of chronic severe, poorly controlled hypertension
- Severe uncontrolled hypertension on presentation (SBP more than 180 mm Hg or DBP more than 110 mm Hg)
- History of prior ischemic stroke more than 3 months, dementia, or known intracranial pathology not covered in contraindications
- Traumatic or prolonged CPR (over 10 minutes)
- Major surgery (within last 3 weeks)
- Recent internal bleeding (within last 2-4 weeks)
- Noncompressible vascular punctures
- For streptokinase/anistreplase: prior exposure (more than 5 days ago) or prior allergic reaction to these agents
- Pregnancy
- Active peptic ulcer
- Current use of anticoagulants: the higher the INR, the higher the risk of bleeding

## STEP 1: Give Tenecteplase (TNKase)

Tenecteplase (TNKase) IV over 5 seconds: Recommended total dose should not exceed 50 mg!

Patient Weight		TNKase Reconstituted	
Kg	Lbs	Mg	Volume
<60	<132	30	6
60 to <70	132 to <154	35	7
70 to <80	154 to <176	40	8
80 to <90	176 to <198	45	9
≥90	≥198	50	10

## STEP 2: Give Unfractionated Heparin Bolus and Drip OR Enoxaparin (Lovenox)

### Unfractionated Heparin (UFH):

- Heparin IV Bolus (60 units/kg, max 4,000 units)
- Heparin IV drip (12 units/kg/hr, max 1,000 units/hr)

**OR**

### Enoxaparin (Lovenox):

Patient Age	Dose
<75	30 mg IV plus 1mg/kg SC (maximum dose 100 mg)
≥75	No bolus. 0.75mg/kg SC (maximum dose 75mg)

## STEP 3: Give full dose Aspirin AND Clopidogrel (Plavix)

### Full Dose Aspirin:

- 325 mg

**AND**

### Clopidogrel (Plavix):

- 300 mg (<age 75)
- 75 mg (≥age 75)

- Apply Oxygen to keep patient O2 saturation at ≥95%
- Repeat EKG 30 minutes after fibrinolytics administration if possible

**TRANSPORT TO PCI HOSPITAL IMMEDIATELY!!!!**