



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

**Mangum Regional Medical Center
STEMI PROTOCOL**

*****All Items With a Box Must Be Checked by the Provider*****

Date:		Time:		Allergies:
Patient Name:				
PROTOCOL ORDERS				
1. Nursing Orders:				
a) Triage immediately, complete comprehensive pain assessment and document time of onset				
b) Immediately notify EMS/Air Evac of emergent transfer, document estimated time of arrival in patient's medical record.				
c) Notify provider of chest pain immediately Time of arrival:				
d) Initiate continuous cardiac monitoring, assess rhythm and monitor for dysrhythmias				
e) Vital signs with pulse oximetry every 15 minutes notify provider of:				
<ul style="list-style-type: none"> • HR >120 • SBP <90 • RR >28 • SaO2 <90% 				
f) Document patient's height and weight				
g) Evaluate for pulmonary hypertension and erectile dysfunction medication (e.g., Viagra®, Cialis®, and Revatio®)				
h) Initiate O2 at 2-4L per nasal cannula if O2 sat <94%				
i) Insert 2 large gauge peripheral IVs hep-lock Sodium Chloride 0.9% flush prn for line patency				
Diagnostics				
2. STAT 12 Lead ECG within 5 minutes of patient arrival				
3. STAT Chest X-ray AP (1 view)				
<input type="checkbox"/> CT Chest/Thorax with contrast to rule out PE				
Laboratory				
ABG	BNP	CK Total	CK MB	
CBC with differential	D-Dimer	CMP	CRP	
Fibrinogen	Magnesium	Phosphorus	PT/INR	
PTT	Urinalysis	Serial Troponin-I on arrival, 3 hr and 6 hr		
Medication				
4. Nitrates				
<input type="checkbox"/> Nitroglycerin 0.4mg sublingually every 5 minutes x 3 for chest pain				
<input type="checkbox"/> Nitroglycerin 25mg/250mL premix initiate at 5mcg/min and titrate by 5mcg/min every 3 minutes until chest pain is relieved or SBP less than 130				
5. Antiplatelets and Anticoagulants				
<ul style="list-style-type: none"> • STAT Aspirin 324mg PO x1 (give four 81mg chewable tablets) 				
<input type="checkbox"/> Clopidogrel (Plavix®) 300mg PO x 1				
<input type="checkbox"/> Lovenox® 1mg/kg subcutaneous x1 (Max dose 100mg)				
<input type="checkbox"/> Heparin 60 units/kg IV push x 1 (not to EXCEED 5000 units)				
<input type="checkbox"/> Heparin infusion (start at 12 units/kg/hr – refer to Heparin Protocol)				
6. Pain Management				
<input type="checkbox"/> Morphine 2mg IV push x 1				

<input type="checkbox"/> Morphine 4mg IV push x 1
<input type="checkbox"/> Hydromorphone 1mg IV push x 1
7. Anti-emetics:
<input type="checkbox"/> Ondansetron 4 mg IV push x 1
<input type="checkbox"/> Ondansetron 4mg ODT x 1
<input type="checkbox"/> Promethazine 24 mg IM x 1
<input type="checkbox"/> Promethazine 50mg IM x 1
<input type="checkbox"/> Metoclopramide 10 mg IV push x 1
<input type="checkbox"/> Pantoprazole 40mg IV push x 1
<input type="checkbox"/> GI Cocktail PO x 1
8. IV Fluids
<input type="checkbox"/> Sodium Chloride 0.9% 1000mL 999mL/hr bolus
<input type="checkbox"/> Sodium Chloride 0.9% 1000mL _____mL/hr
9. Fibrinolytic Therapy
<i>***only to be administered to patients who presented within 12 hours from time of onset and cannot be transferred within 120 minutes of arrival***</i>
<input type="checkbox"/> TNKase® IV push over 5 seconds x1 (See TNKase Dosing Instructions)
<input type="checkbox"/> Alteplase IV bolus 15mg x1, 0.75mg/kg for 30 minutes (max 50mg), then 0.5mg/kg (max 35mg) over next 60 minutes; total dose not to exceed 100mg
ADDITIONAL ORDERS

Nurse Signature: _____ **Date:** _____ **Time:** _____

Provider Signature: _____ **Date:** _____ **Time:** _____