ACLS 2006
REVIEW PACKET

This packet is intended for review only.
Textbooks are available for purchase.

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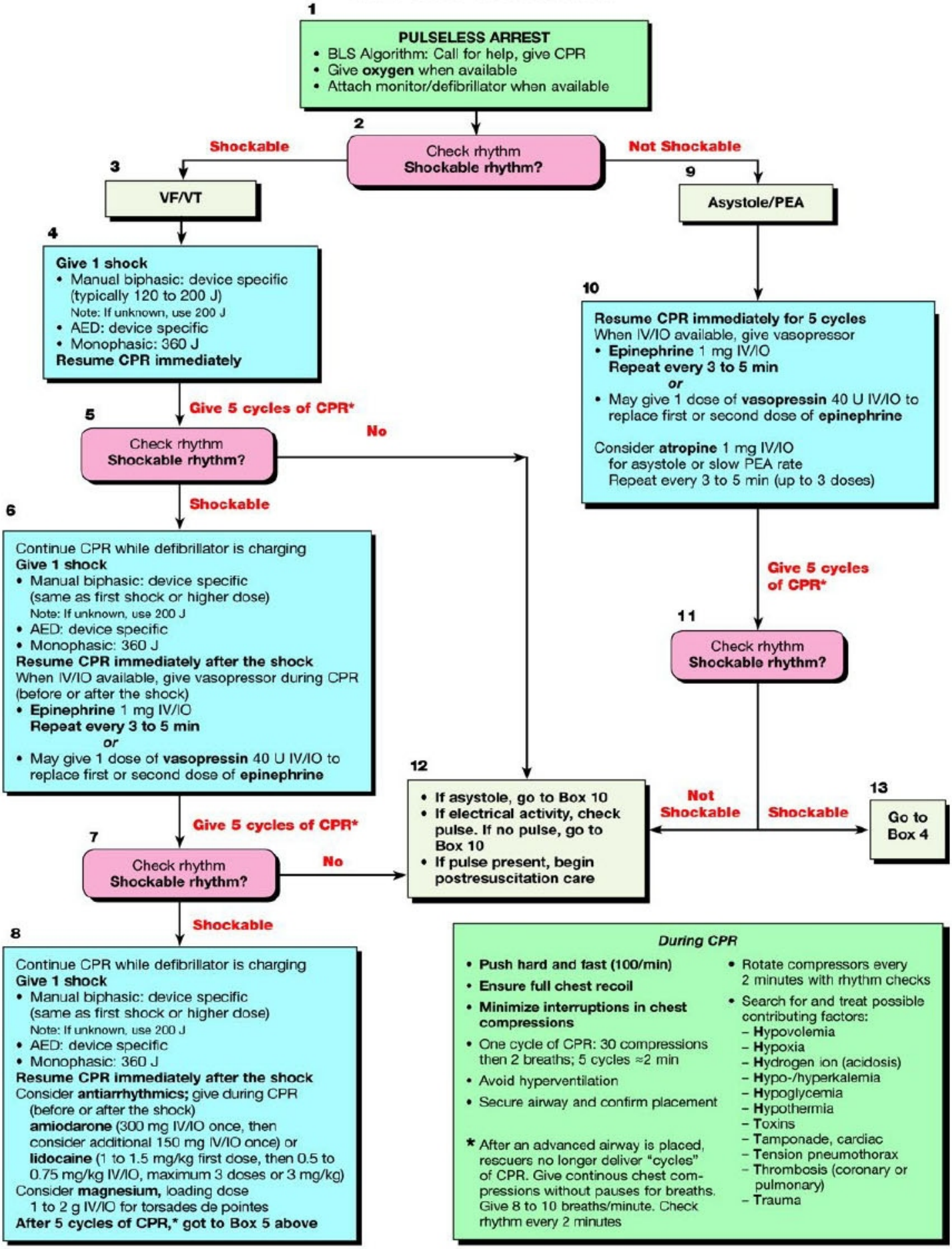

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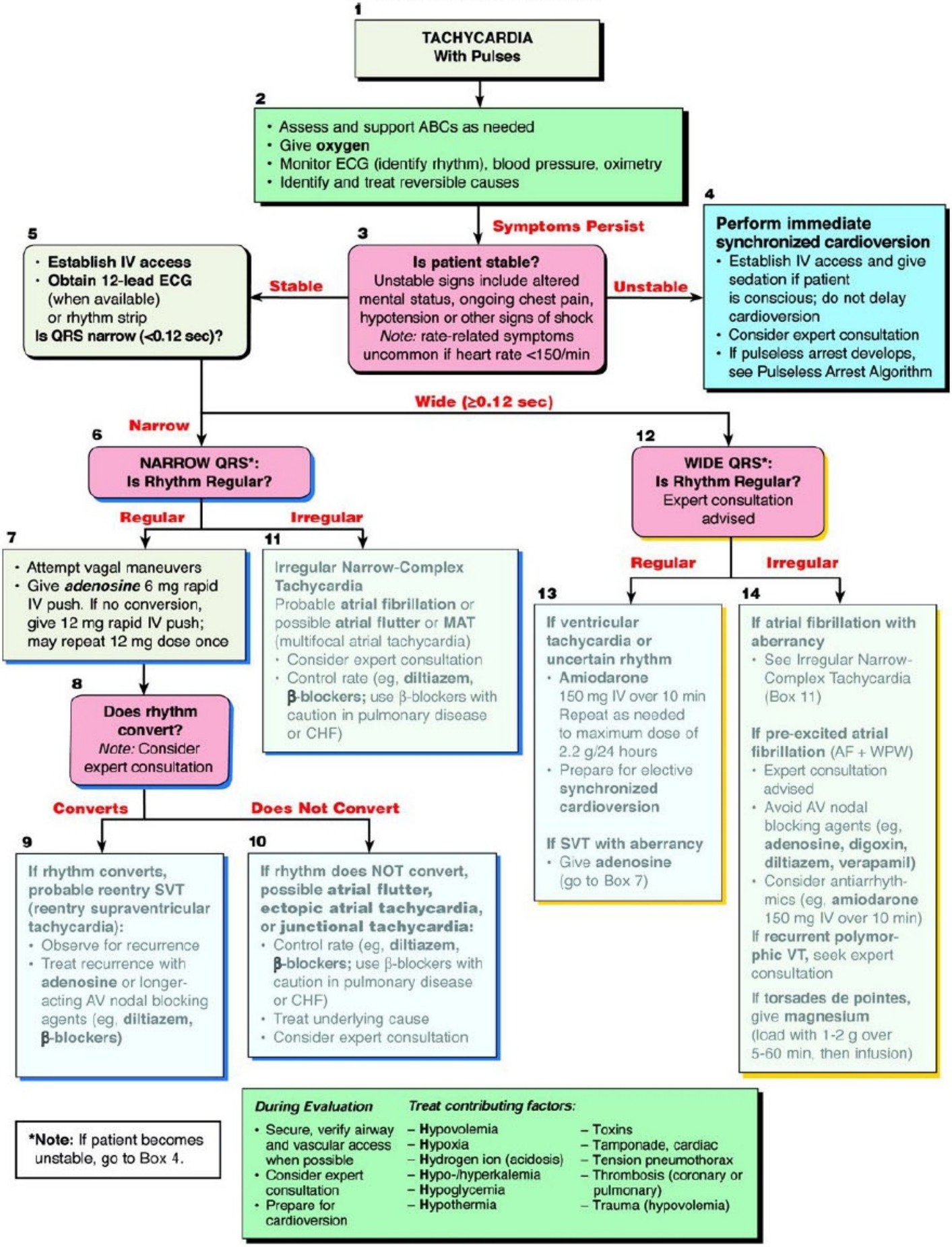

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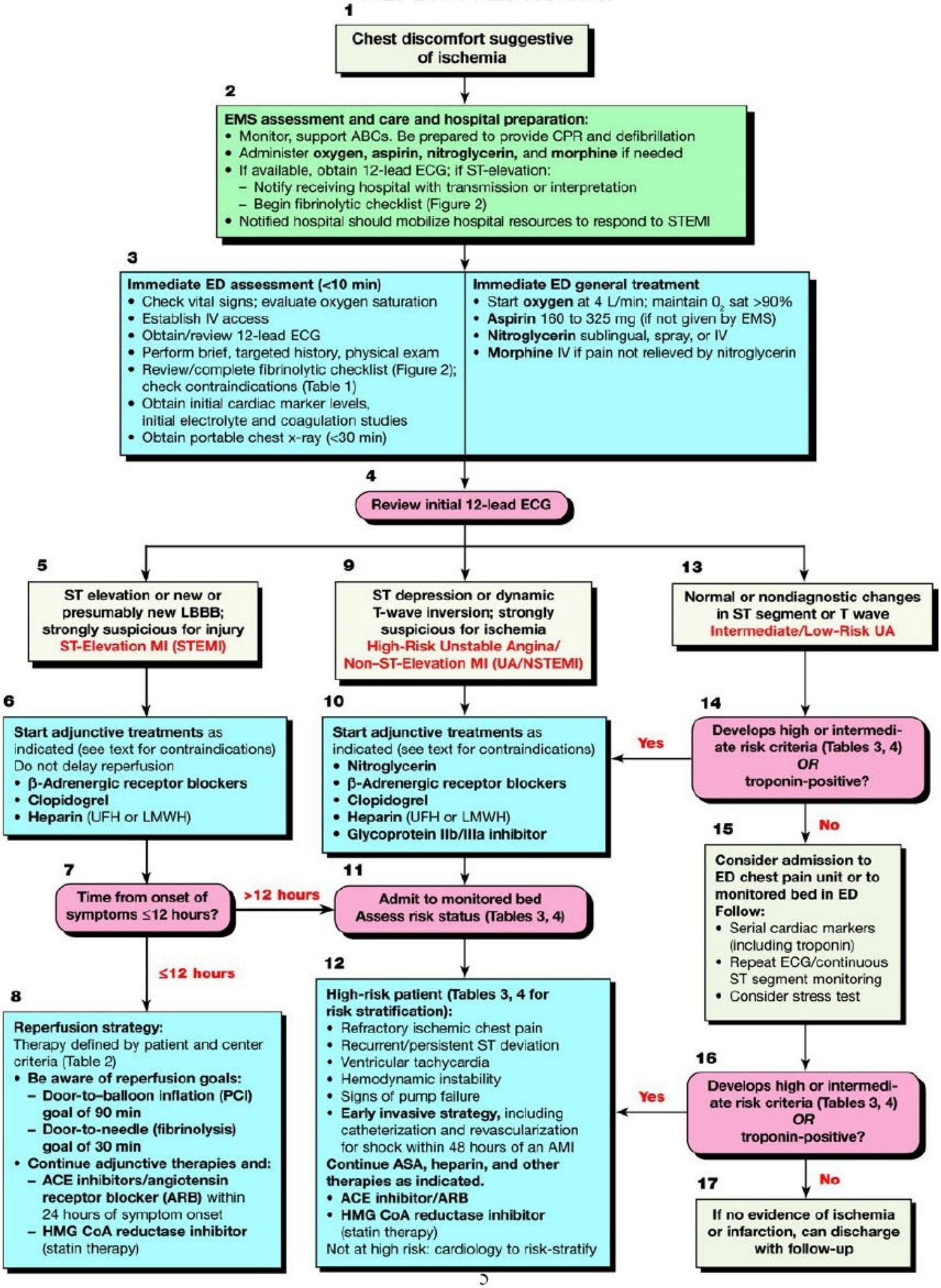

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CHEST PAIN CHECKLIST FOR STEMI FIBRINOLYTIC THERAPY

Step One:

Has patient experienced chest discomfort for greater than 15 minutes and less than 12 hours?

- YES → **Does ECG show STEMI or new or presumably new LBBB?**
  - YES → ***Step Two:***
  - NO → STOP
- NO → STOP

Step Two:

Are there contraindications to fibrinolysis?
If ANY of the following is CHECKED YES, fibrinolysis *MAY* be contraindicated.

Systolic BP greater than 180 mm Hg	YES	NO
Diastolic BP greater than 110 mm Hg	YES	NO
Right vs. left arm systolic BP difference greater than 15 mm Hg	YES	NO
History of structural central nervous system disease	YES	NO
Significant closed head/facial trauma within the previous 3 months	YES	NO
Recent (within 6 wks) major trauma, surgery (including laser eye surgery), GI/GU bleed	YES	NO
Bleeding or clotting problem or on blood thinners	YES	NO
CPR greater than 10 minutes	YES	NO
Pregnant female	YES	NO
Serious systemic disease (eg, advanced/terminal cancer, severe liver or kidney disease)	YES	NO

Step Three:

Is patient at high risk?
If ANY of the following is CHECKED YES, CONSIDER Transport/ Transfer to PCI Facility

Heart rate greater than or equal to 100 bpm **AND** systolic BP less than 100 mm Hg	YES	NO
Pulmonary edema (rales)	YES	NO
Signs of shock (cool, clammy)	YES	NO
Contraindications to fibrinolytic therapy	YES	NO

TABLE 1. Fibrinolytic Therapy: Contraindications and Cautions for Fibrinolytic Use in STEMI From ACC/AHA 2004 Guideline Update*

Absolute Contraindications

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (eg, AVM)
- 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 trauma or facial trauma within 3 months

Relative Contraindications

- History of chronic, severe, poorly controlled hypertension
- Severe uncontrolled hypertension on presentation (SBP >180 mm Hg or DBP >110 mm Hg)†
- History of prior ischemic stroke >3 months, dementia, or known intracranial pathology not covered in contraindications
- Traumatic or prolonged (>10 minutes) CPR or major surgery (<3 weeks)
- Recent (within 2 to 4 weeks) internal bleeding
- Noncompressible vascular punctures
- For streptokinase/anistreplase: prior exposure (>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

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AVM indicates arteriovenous malformation; SBP, systolic blood pressure; DBP, diastolic blood pressure; and INR, International Normalized Ratio.

*Viewed as advisory for clinical decision making and may not be all-inclusive or definitive.

†Could be an absolute contraindication in low-risk patients with myocardial infarction.

TABLE 2. ST-Segment Elevation or New or Presumably New LBBB: Evaluation for Reperfusion

Step 1: Assess time and risk

Time since onset of symptoms

Risk of STEMI

Risk of fibrinolysis

Time required to transport to skilled PCI catheterization suite

Step 2: Select reperfusion (fibrinolysis or invasive) strategy

Note: If presentation <3 hours and no delay for PCI, then no preference for either strategy.

Fibrinolysis is generally preferred if:	**An invasive strategy is generally preferred if:**
• Early presentation (≤3 hours from symptom onset)	• Late presentation (symptom onset >3 hours ago)
• Invasive strategy is not an option (eg, lack of access to skilled PCI facility or difficult vascular access) or would be delayed	• Skilled PCI facility available with surgical backup
—Medical contact-to-balloon or door-balloon >90 min	• Medical contact-to-balloon or door-balloon <90 min
—(Door-to-balloon) minus (door-to-needle) is >1 hour	• (Door-to-balloon) minus (door-to-needle) is <1 hour
• No contraindications to fibrinolysis	• Contraindications to fibrinolysis, including increased risk of bleeding and ICH
	• High risk from STEMI (CHF, Killip class is ≥3)
	• Diagnosis of STEMI is in doubt

Modified from ACC/AHA 2004 Update Recommendations.[112]

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