## BRI ED Critical Care Pathway / Audit Document for AMI

**Advance warning:**
- Paramedic: [ ] Time: [ ]
- GP: [ ] Time: [ ]

**Print Label:**

**Vital Signs Observations**

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>BM*</th>
<th>Temp</th>
<th>Sats</th>
<th>Resp</th>
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(Repeat obs every 5 mins while thrombolysing)

*Start IV insulin therapy if > 11mmol/l*

**12 Lead ECG recorded time:**

- First ECG: [ ]
- Diagnostic ECG: [ ]

A. >2mm ST elevn in 2+ cont chest leads
B. >1mm ST elevn in 2+ cont limb ends
C. New LBBB

**Barn door AMI?**
- Yes: [ ]
- No: [ ]

**Repeat ECG 45 mins after starting of thrombolysis**

If there is no improvement in the ST segments consider **Reteplase** for those patients given Streptokinase initially. Otherwise patients should be considered for angiography if a cath lab is available. Discuss with duty cardiology registrar.

## Contraindications to be considered for thrombolysis:

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>Possible aneurysm</td>
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<tr>
<td>Active internal bleeding (&lt;2/52)</td>
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<td>Major surgery (&lt;2/52)</td>
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<tr>
<td>Head injury</td>
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<td>Bleeding disorder, thrombocytopenia</td>
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<td>Stroke (&lt;3/12)</td>
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<td>Hypertensive 180/100 (consider atenolol [PTO])</td>
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<td>Hypotension, syst &lt;90 (r-PA/cardiology)</td>
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<td>Pregnancy</td>
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<td>Malignancy, terminal illness</td>
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<td>Jaundice, hepatitis or kidney failure</td>
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<td>Use of anticoagulants</td>
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<td>Infective endocarditis</td>
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<tr>
<td>Previous SK &gt;5 days ago</td>
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</table>

Seek senior advice (? primary angioplasty) if contraindications exist.

## Informed consent:
- Yes: [ ]
- No: [ ]

## Drugs:

**1. Aspirin**
- Yes: [ ]
- No: [ ]

**Where?**
- Prehosp: [ ] in ED: [ ]

If not, why not? ____________

## 2. Streptokinase
- Yes: [ ]
- No: [ ]

If not, why not? – notes C/ls ____________

SK 1.5 million units in 10ml sterile water then add to 50ml 0.9 saline. Give over 30-60 minutes via syringe driver. Reduce dose to 1.0 million iu; if weight below 65kg, or aged greater than 70yrs, or if taking anticoagulant at admission

## 3. Reteplase (r-PA)
- Yes: [ ]
- No: [ ]

**Indication for:**
- Ant MI, <4hrs, <75 yrs: [ ]
- Previous SK (>5 days ago): [ ]
- Allergy to SK: [ ]
- Syst BP <90: [ ]

This is two bolus IV injections of 10MU each given slowly over two minutes. The second bolus is given 30 minutes after the first. **Heparin** 5,000iu is given intravenously as a bolus prior to the first dose and an infusion of **Heparin** 1000iu/hour started after the second dose of **Reteplase**. **Heparin** should be administered for at least 24hrs, preferably for 48 to 72 hours, aiming to keep APTT values at 1.5 to 2 times normal.

## 4. Prescribe the above + opiates, antiemetics, nitrates, B-blockers, heparin etc. on drug chart