

BRI ED Critical Care Pathway/Audit Document for AMI

Complications: Yes No

Please detail any adverse events and record actions (Refer to adverse events wall chart)

Risk Factors:

- Angina
- AMI
- Previous bypass surgery
- Previous PTCA
- Family history
- Smoker
- Hypertension
- Diabetes
- Cholesterol
- Other PMH (specify)

Bloods:

- FBC
- Creat
- U&E
- CK
- Glucose
- Cholesterol

Current Medications:

Allergies:

Record results of physical examination and evidence and treatment of heart failure and arrhythmias.

Drug Chart completed for CCU

Notes photocopied for ED

Doctor's signature

Nurse's signature

Thrombolysis of Hypertensive Patients

Hypertension should not delay thrombolysis for more than 10-15 minutes. It should therefore be treated aggressively.

1. Try 2 puffs of GTN spray (easy to give)
2. 5mg IV Atenolol (unless contraindicated)
3. If 1 and 2 have not worked, commence IV infusion of Isosorbide Dinitrate (Isoket) at 8mls/hr (4mg/hr). Isoket can be increased at 4ml/hr increments up to 20mls/hr if patient remains hypertensive
(Isoket infusion = 30mg Isosorbide Dinitrate in a total of 60mls using n/saline)