

Form Title **ST Elevation Myocardial Infarction (STEMI) Reperfusion Order Set**

Form Number **CH-0454**

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**ST Elevation Myocardial Infarction (STEMI)
Reperfusion Order Set**

Patient label placed here (if applicable) or if labels are not used, minimum information below is required	
Last Name	First Name
Birthdate (yyyy-Mon-dd)	
Gender	PHN #
Phone Number	

Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	1. Patient Treatment & Monitoring
			Complete 12 lead ECG Stat if not already completed. Review with Physician.
			Take initial vital signs (Temp, HR, RR, SpO ₂ , BP both arms) Repeat vital signs with any chest pain or equivalent symptoms.
			Initiate intravenous (IV) and infuse 0.9% sodium chloride at 30mL/hour (<i>left arm preferred</i>)
			Provide oxygen to keep SpO ₂ greater than or equal to 90% or with clinical signs of hypoxemia.
			Give acetylsalicylic acid 160 mg orally now, chewed or swallowed OR acetylsalicylic acid 160 mg orally administered pre-arrival (Time _____).
			If systolic BP is greater than 100 mmHg AND patient has chest pain, administer nitroglycerin 0.3 - 0.4 mg sublingual q 5 minutes PRN. Caution: Avoid in suspected RV infarction.
			Place defibrillation pads on chest Note: high risk of VF/Pulseless VT
			Monitor ECG and document arrhythmias (<i>include rhythm strip</i>).
			Contact physician as soon as possible if ongoing pain or hemodynamically unstable.

2. Identify Reperfusion Eligibility (ACC/AHA STEMI Guidelines 2013)(ESC STEMI Guidelines 2012)

Yes	No	Must answer YES to all three questions to be eligible. If YES to all three questions, go to Page 2
<input type="checkbox"/>	<input type="checkbox"/>	1. Is there evidence of myocardial infarction? If yes, please specify:
<input type="checkbox"/> In men, new ST elevation at the J point greater than or equal to 2 mm (0.2mV) in leads V2-V3. <input type="checkbox"/> In women, new ST elevation at the J point of 1.5 mm (0.15mV) in leads V2-V3 <input type="checkbox"/> In men or women, new ST elevation at the J point of greater than or equal to 1 mm in other contiguous chest leads or limb leads. Note: 'Contiguous leads' refers to lead groups such as anterior leads (V1-V6), inferior leads (II, III and aVF), or lateral/apical leads (I, aVL). Supplemental leads such as V3R/V4R reflect the free wall of the right ventricle and V7-V9 the infero-basal wall. <input type="checkbox"/> In men or women, new ST depression at the J point of greater than or equal to 1mm in leads V1-V2 and ST elevation greater than 1mm in a posterior lead V7-9.		
<input type="checkbox"/>	<input type="checkbox"/>	2. Is there persisting ST elevation and pain despite sublingual nitroglycerin?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the patient present within 12 hours of symptom onset consistent with myocardial infarction? Time of symptom onset _____ (hh:mm).

If YES to all three questions above - - Review eligibility for Fibrinolysis **go to page 2**.

If answered NO to ANY of the questions above - - Consult Cardiology.

Name (print)	Signature	Designation	Initial
Name (print)	Signature	Designation	Initial
Physician Name (print)	Physician Signature	Date (yyyy-Mon-dd)	Time (hh:mm)



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3. Determine Eligibility for Fibrinolysis:
Exclusion Criteria (ACC/AHA STEMI Guidelines 2013) (ESC STEMI Guidelines 2012)

Yes	No	■ Absolute Contraindications (patient <i>ineligible</i> if any YES checked)
<input type="checkbox"/>	<input type="checkbox"/>	Prior intracranial hemorrhage or stroke of unknown origin at any time.
<input type="checkbox"/>	<input type="checkbox"/>	Central nervous system damage or neoplasms, or arteriovenous malformation.
<input type="checkbox"/>	<input type="checkbox"/>	Ischemic stroke within 6 months.
<input type="checkbox"/>	<input type="checkbox"/>	Suspected aortic dissection.
<input type="checkbox"/>	<input type="checkbox"/>	Active bleeding or bleeding diathesis (excluding menses).
<input type="checkbox"/>	<input type="checkbox"/>	Significant closed head or facial trauma within 3 months.
<input type="checkbox"/>	<input type="checkbox"/>	Major surgery within the last 3 weeks.
<input type="checkbox"/>	<input type="checkbox"/>	Internal bleeding within the past 30 days.
<input type="checkbox"/>	<input type="checkbox"/>	Non-compressible vascular punctures.

If YES to ANY of the above the patient is **not eligible** for Fibrinolysis, **proceed to Primary PCI Reperfusion option - go to Page 3.**

Yes	No	■ Relative Contraindications (patient may be eligible if benefit outweighs risk)
<input type="checkbox"/>	<input type="checkbox"/>	History of chronic, severe, poorly controlled hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Severe, uncontrolled hypertension on presentation (SBP greater than 180 mmHg or DBP greater than 110 mmHg).
<input type="checkbox"/>	<input type="checkbox"/>	Transient ischemic attack within 6 months.
<input type="checkbox"/>	<input type="checkbox"/>	Traumatic or prolonged CPR (greater than 10 minutes).
<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy or within one week postpartum.
<input type="checkbox"/>	<input type="checkbox"/>	Active peptic ulcer disease.
<input type="checkbox"/>	<input type="checkbox"/>	Oral anticoagulant therapy.
<input type="checkbox"/>	<input type="checkbox"/>	Advanced liver disease.
<input type="checkbox"/>	<input type="checkbox"/>	Infective endocarditis.

If no to ALL the above contraindications, patient **is** eligible for Fibrinolysis
Choose the best reperfusion option - **go to Page 3.**

Name (print)	Signature	Designation	Initial
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Physician Name (print)	Physician Signature	Date (yyyy-Mon-dd)	Time (hh:mm)

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ST Elevation Myocardial Infarction (STEMI) Reperfusion Order Set

Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	4. Choose Reperfusion Option Call RAAPID if help is needed <i>Caution: enoxaparin should be avoided in patients with known/suspected renal dysfunction or morbid obesity.</i>	
			<input type="checkbox"/> Primary Percutaneous Coronary Intervention (PCI) if: <ul style="list-style-type: none"> Goal of 90 minutes to PCI can be achieved <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Patients with hemodynamic instability or cardiogenic shock 	OR
			<input type="checkbox"/> Give ticagrelor 180 mg orally x 1 dose. If unavailable give clopidogrel 600 mg orally x 1 dose	<input type="checkbox"/> Fibrinolysis if: <ul style="list-style-type: none"> Patient is eligible (page 2) Goal of 90 minutes to PCI cannot be achieved
			<p style="text-align: center;">AND</p> <input type="checkbox"/> Give enoxaparin 0.5 mg/kg _____ mg direct IV x 1 dose If anticipating a delay of PCI greater than 120 minutes, consult cardiology for further anticoagulation measures OR <input type="checkbox"/> Give unfractionated heparin (70 units/kg) _____ units direct IV x 1 dose, no maximum (see dosing table Section E - Table 1)	
			Fibrinolysis - tenecteplase and enoxaparin <ul style="list-style-type: none"> <input type="checkbox"/> Less than 75 years of age go to Section A <input type="checkbox"/> 75 years or older - go to Section B <p style="text-align: center;">OR</p> Fibrinolysis - tenecteplase and unfractionated heparin <ul style="list-style-type: none"> <input type="checkbox"/> Less than 75 years of age go to Section C <input type="checkbox"/> 75 years or older go to Section D 	

Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	5. Prepare for Immediate Transfer: Call RAAPID
			Call and consult Cardiology for admission: Prepare for Immediate Transfer RAAPID North 1-800-282-9911 OR RAAPID South 1-800-661-1700 <input type="checkbox"/> Fax ECG to RAAPID North or South (fax number) _____

Include copies of the following items with patient transport

- RN notes and medication records.
- Transfer record, and copy of this STEMI Reperfusion order set with times completed.
- ED Physician notes.
- All EMS notes (if applicable).
- All ECGs (ensure date and time is on them). Time of first ECG _____ (hh:mm)
- ED Physician and Cardiac Interventionalist consult from RAAPID
- Fax documents not sent with patient transport to the receiving department.
- Ensure all medications are given prior to leaving site OR ensure EMS can administer on transfer.

Note: If there is a delay in transport or a change in patient status consult RAAPID - Cardiology for further orders.

Name (print)	Signature	Designation	Initial
Name (print)	Signature	Designation	Initial
Physician Name (print)	Physician Signature	Date (yyyy-Mon-dd)	Time (hh:mm)

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**ST Elevation Myocardial Infarction (STEMI)
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Section A - Tenecteplase and Enoxaparin Protocol: Patients LESS than 75 years of Age			Patient Weight _____ kg	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated																														
Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	Orders																															
			Neurological vital signs at baseline.																															
			Enoxaparin 30 mg direct IV x 1 dose Note: Prior to administration of tenecteplase if possible, or ASAP after tenecteplase.																															
			Tenecteplase (TNK) _____mg direct IV over 5 seconds (maximum dose of 50 mg)																															
			<table border="1"> <thead> <tr> <th>TNK Dosing Table</th> <th>Check (✓)</th> <th>Patient Weight (kg)</th> <th>TNK (mg)</th> <th>Mixed TNK (mL)</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td>Up to 59.9</td> <td>30</td> <td>6</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>60 - 69.9</td> <td>35</td> <td>7</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>70 - 79.9</td> <td>40</td> <td>8</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>80 - 89.9</td> <td>45</td> <td>9</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>90 and higher</td> <td>50</td> <td>10</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ■ Refer to product packaging for mixing instructions. ■ Administer direct IV over 5 seconds. Flush with normal saline prior to and following administration to prevent precipitation. 		TNK Dosing Table	Check (✓)	Patient Weight (kg)	TNK (mg)	Mixed TNK (mL)		<input type="checkbox"/>	Up to 59.9	30	6		<input type="checkbox"/>	60 - 69.9	35	7		<input type="checkbox"/>	70 - 79.9	40	8		<input type="checkbox"/>	80 - 89.9	45	9		<input type="checkbox"/>	90 and higher	50	10
TNK Dosing Table	Check (✓)	Patient Weight (kg)	TNK (mg)	Mixed TNK (mL)																														
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	<input type="checkbox"/>	80 - 89.9	45	9																														
	<input type="checkbox"/>	90 and higher	50	10																														
			Enoxaparin (1 mg/kg) _____mg given subcutaneously in the abdomen - immediately following TNK to a maximum dose of 100 mg. Note: Maximum subcutaneous dose of 100 mg does not include IV dose.																															
			Clopidogrel 300 mg orally x 1 dose.																															
			Post Fibrinolytic 12 lead ECG must be done at 30 - 60 - 90 minutes or earlier if indicated by patient symptoms (i.e. ST segment height increased or ongoing chest pain).																															
			Repeat neurological vital signs every hour until transferred by EMS to assess for intracranial hemorrhage.																															
<p>If tenecteplase (TNK) administered, consider the following:</p> <ul style="list-style-type: none"> - Avoid unnecessary invasive procedures - Apply pressure dressing to all unsuccessful puncture sites - Saline lock unused IV sites, use for bloodwork - Observe for bruising and bleeding (including respiratory secretions, emesis, urine, etc.) 																																		
Go back to page 3 for RAAPID Immediate Transfer instructions																																		
Name (print)		Signature		Designation Initial																														
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Section B - Tenecteplase and Enoxaparin Protocol: Patients 75 years of Age and OVER	Patient Weight _____ kg	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
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Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	Orders
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Neurological vital signs at baseline.

Do not give Enoxaparin IV - risk of intracranial hemorrhage in elderly patients.

Tenecteplase (TNK) _____mg direct IV over 5 seconds (maximum dose of 25 mg)

TNK Half Dose Table	Check (✓)	Patient Weight (kg)	TNK (mg)	Mixed TNK (mL)
	<input type="checkbox"/>	Up to 59.9	15	3
	<input type="checkbox"/>	60 - 69.9	17.5	3.5
	<input type="checkbox"/>	70 - 79.9	20	4
	<input type="checkbox"/>	80 - 89.9	22.5	4.5
	<input type="checkbox"/>	90 and higher	25	5

- Refer to product packaging for mixing instructions.
- Administer direct IV over 5 seconds. Flush with normal saline prior to and following administration to prevent precipitation.

Enoxaparin (0.75 mg/kg) _____mg given subcutaneously in the abdomen immediately following TNK to a maximum dose of 75 mg.

See Section E, Table 2

Caution: Patients less than 40 kg please contact Cardiology.

Clopidogrel 75 mg orally x 1 dose

Post Fibrinolytic 12 lead ECG must be done at 30 - 60 - 90 minutes or earlier if indicated by patient symptoms (i.e. ST segment height increased or ongoing chest pain)

Repeat neurological vital signs every hour until transferred by EMS to assess for intracranial hemorrhage.

- If tenecteplase (TNK) administered, consider the following:
- Avoid unnecessary invasive procedures
 - Apply pressure dressing to all unsuccessful puncture sites
 - Saline lock unused IV sites, use for bloodwork
 - Observe for bruising and bleeding (including respiratory secretions, emesis, urine, etc.)

Go back to page 3 for RAAPID Immediate Transfer instructions

Name (print)	Signature	Designation	Initial
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Physician Name (print)	Physician Signature	Date (yyyy-Mon-dd)	Time (hh:mm)
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Section C - Tenecteplase and Unfractionated Heparin Protocol: Patients LESS than 75 years of Age	Patient Weight	<input type="checkbox"/> Actual
	_____ kg	<input type="checkbox"/> Estimated

Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	Orders																														
			Neurological vital signs at baseline																														
			Unfractionated Heparin (60 units/kg) _____units direct IV (maximum dose of 4000 units) x 1 dose. Section E, Table 3																														
			Tenecteplase (TNK) _____mg direct IV over 5 seconds (maximum dose of 50 mg) <table border="1" data-bbox="581 722 1338 1058" style="margin-left: 20px;"> <thead> <tr> <th>TNK Dosing Table</th> <th>Check (✓)</th> <th>Patient Weight (kg)</th> <th>TNK (mg)</th> <th>Mixed TNK (mL)</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td>Up to 59.9</td> <td>30</td> <td>6</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>60 - 69.9</td> <td>35</td> <td>7</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>70 - 79.9</td> <td>40</td> <td>8</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>80 - 89.9</td> <td>45</td> <td>9</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>90 and higher</td> <td>50</td> <td>10</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ■ Refer to product packaging for mixing instructions. ■ Administer direct IV over 5 seconds. Flush with normal saline prior to and following administration to prevent precipitation. 	TNK Dosing Table	Check (✓)	Patient Weight (kg)	TNK (mg)	Mixed TNK (mL)		<input type="checkbox"/>	Up to 59.9	30	6		<input type="checkbox"/>	60 - 69.9	35	7		<input type="checkbox"/>	70 - 79.9	40	8		<input type="checkbox"/>	80 - 89.9	45	9		<input type="checkbox"/>	90 and higher	50	10
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			Clopidogrel 300 mg orally x 1 dose.																														
			Unfractionated heparin 25,000 units in 250 mL D5W IV at _____ units per hour (12 units/kg/hour to a maximum of 1000 units/hour).																														
			Post Fibrinolytic 12 lead ECG must be done at 30 - 60 - 90 minutes or earlier if indicated by patient symptoms (i.e. ST segment height increased or ongoing chest pain).																														
			Repeat neurological vital signs every hour until transferred by EMS to assess for intracranial hemorrhage.																														

If tenecteplase (TNK) administered, consider the following:

- Avoid unnecessary invasive procedures
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- Saline lock unused IV sites, use for bloodwork
- Observe for bruising and bleeding (including respiratory secretions, emesis, urine, etc.)

Go back to page 3 for RAAPID Immediate Transfer instructions

Name (print)	Signature	Designation	Initial
Name (print)	Signature	Designation	Initial

Physician Name (print)	Physician Signature	Date (yyyy-Mon-dd)	Time (hh:mm)
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**ST Elevation Myocardial Infarction (STEMI)
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Section D - Tenecteplase and Unfractionated Heparin Protocol: Patients 75 years of Age and OVER	Patient Weight _____ kg	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
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Date (yyyy-Mon-dd)	Time (hh:mm)	Initial	Orders																														
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If tenecteplase (TNK) administered, consider the following:

- Avoid unnecessary invasive procedures
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Go back to page 3 for RAAPID Immediate Transfer instructions

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ST Elevation Myocardial Infarction (STEMI) Reperfusion Order Set

Section E

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TABLE 1

**Primary Percutaneous
Coronary Intervention
(PCI) Protocol**

**Unfractionated Heparin IV
Push by Weight**

(Based on 70 units/kg)

Weight (kg)	Units	Weight (kg)	Units
45	3150	83	5810
46	3220	84	5880
47	3290	85	5960
48	3360	86	6020
49	3430	87	6090
50	3500	88	6160
51	3570	89	6230
52	3640	90	6300
53	3710	91	6370
54	3780	92	6440
55	3850	93	6510
56	3920	94	6580
57	3990	95	6650
58	4060	96	6720
59	4130	97	6790
60	4200	98	6860
61	4270	99	6930
62	4340	100	7000
63	4410	101	7070
64	4480	102	7140
65	4550	103	7210
66	4620	104	7280
67	4690	105	7350
68	4760	106	7420
69	4830	107	7490
70	4900	108	7560
71	4970	109	7630
72	5040	110	7700
73	5110	111	7770
74	5180	112	7840
75	5250	113	7910
76	5320	114	7980
77	5390	115	8050
78	5460	116	8120
79	5530	117	8190
80	5600	118	8260
81	5670	119	8330
82	5740	120	8400

TABLE 2

**Tenecteplase and Enoxaparin 75 years of age and
OVER**

	Check (✓)	Patient Weight (kg)	Dose (mg) to administer SC	Volume (mL) to administer SC
Enoxaparin	<input type="checkbox"/>	40-49	35	0.35
	<input type="checkbox"/>	50-59	40	0.40
	<input type="checkbox"/>	60-69	50	0.50
	<input type="checkbox"/>	70-79	55	0.55
	<input type="checkbox"/>	80-89	60	0.60
	<input type="checkbox"/>	90-99	70	0.70
	<input type="checkbox"/>	100+	75	0.75

Note: Dosages have been rounded for accuracy of administration.

Note: Concentration is 100 mg/mL

TABLE 3

**Tenecteplase
Unfractionated Heparin
Protocol**

**Unfractionated Heparin
IV Push by Weight**

Based on 60 units/kg
(Max 4000 units)

Weight (kg)	Units
45	2700
46	2760
47	2820
48	2880
49	2940
50	3000
51	3060
52	3120
53	3180
54	3240
55	3300
56	3360
57	3420
58	3480
59	3540
60	3600
61	3660
62	3702
63	3780
64	3840
65	3900
66	3960
67 or more	4000