

Statewide STEMI Guidelines for Non-PCI Hospitals

Primary PCI Pathway – FMC TO PCI ≤ 120 MIN

GOAL: Door-in to Door-out ≤30 minutes

NON-THROMBOLYTIC PATHWAY

This pathway does not replace medical decision-making. Deviation from this pathway based on clinical judgement is acceptable.



STEMI Diagnostic Criteria

- At least 1mm in two contiguous leads (except for V2-V3)
- ECG demonstrates ST elevation in V2-V3 or at least two contiguous leads (≥2mm in men and ≥1.5mm in women)
- If initial urgent (< 10 min) ECG is not diagnostic, but suspicion is high for STEMI, obtain serial ECGs at 5–10-minute intervals.

ECG Guidelines for PROMPT STEMI DIAGNOSIS

- EMS teams obtain ECG < 10 min of at patient time. If arrived by EMS, consider leaving the patient on the stretcher.
- EMS promptly alerts hospital when field-obtained ECG is suspicious for STEMI.
- Consider saving time by not repeating ECG.
- For the ED POV patient, **initial ECG and MD interpretation** ≤ 10 min (MD sign and time).



Do Not Delay Transport – Quick, Clear Communication with PCI Facility

Utilize PULSARA to communicate STEMI, Transmit ECG, Call for Emergent Transport
Limit non-essential paperwork and information that can be uploaded after Door-Out

Include name, sex, DOB, FMC time, time of ED arrival, onset of chest pain, medications given, diagnosis, Past medical and surgical history, treatment interventions, date/time of discharge, lab results.

pulsara®

Patient Care Priorities Prior to Transport or During Transport

IV Access

- Establish large bore IV with NS @ TKO, left arm preferred
- Lab Draw: cardiac biomarkers, CBC, CMP, PT/INR (May transmit results after door-out via Pulsara)

Vitals Monitoring

- Apply cardiac monitor, attach hands-free defibrillator pads
- Obtain vital signs/pain scale
- Apply Oxygen: Titrate to maintain O2 sat ≥90 %

Anticoagulation

- Aspirin: Chew 325 mg X 1 or 81 mg X 4

Administer **ONE** of the following:

- Heparin IV loading dose 70-100 U/kg IVP
- Renal Impairment Recommendation Heparin – IV loading dose 60 U/kg IVP (Max 4000 U)

Administer **ONE** of the following:

- Ticagrelor (Brilinta) – 180 mg PO
- Clopidogrel (Plavix) – 600 mg PO

Pain Relief

- Nitroglycerin 0.4mg SL Q5 min x 3 or Nitropaste PRN for chest pain (hold for SBP < 90). Hold if Inferior MI suspected.
- Administer analgesia IV PRN for chest pain (e.g. Morphine, Fentanyl, Dilaudid)

Regional PCI-Capable Hospitals (Both 24/7 PCI & Not 24/7 PCI)

ALWAYS try Pulsara first. If hospital doesn't use Pulsara, please contact via number below

AR Valley:

| | |
|--|---------------------|
| Baptist Health Medical Center –Fort Smith (Fort Smith, AR) | 479-441-4100 ext. 1 |
| Mercy Hospital Fort Smith (Fort Smith, AR) | 479-314-6610 |
| St. Mary's Regional Medical Center (Russellville, AR) | 479-964-5401 |

Central:

| | |
|--|------------------------------|
| Arkansas Heart Hospital (Little Rock, AR) | 501-580-3445 or 501-219-7562 |
| Baptist Health Medical Center –Conway (Conway, AR) | 501-585-2800 |
| Baptist Health Medical Center –Little Rock (Little Rock, AR) | 501-202-4486 |
| Baptist Health Medical Center –North Little Rock (North Little Rock, AR) | 501-202-3290 |
| Conway Regional Medical Center (Conway, AR) | 501-450-8318 |
| CHI St. Vincent Infirmary (Little Rock, AR) | 501-552-2692 |
| CHI St. Vincent North (North Little Rock, AR) | 501-552-7194 |
| Encore Medical Center (Bryant, AR) *Not 24/7 | 501-571-0844 or 501-213-4022 |
| Saline Memorial Hospital (Benton, AR) | 501-249-1873 |
| UAMS (Little Rock, AR) | 866-826-7363 or 501-686-6080 |

North Central:

| | |
|--|------------------------------|
| Baxter Health (Mountain Home, AR) | 870-508-3293 or 870-508-1000 |
| Unity Health -White County Medical Center (Searcy, AR) | 501-281-2265 |
| White River Medical Center (Batesville, AR) | 870-834-1906 |

Northeast:

| | |
|---|--------------|
| Arkansas Methodist Medical Center (Paragould, AR) *Not 24/7 | 870-450-7300 |
| Methodist University Hospital (Memphis, TN) | 901-831-2864 |
| NEA Baptist Memorial Hospital (Jonesboro, AR) | 870-936-1137 |
| St. Bernard' Medical Center (Jonesboro, AR) | 870-919-9910 |

Northwest:

| | |
|--|------------------------------|
| Mercy Hospital Northwest Arkansas (Rogers, AR) | 479-338-2959 or 479-621-3514 |
| Northwest Medical Center Bentonville (Bentonville, AR) | 479-301-6489 |
| Northwest Medical Center Springdale (Springdale, AR) | 479-757-4555 |
| Washington Regional Medical Center (Fayetteville, AR) | 479-463-7111 |

Southeast:

| | |
|--|------------------------------|
| Delta Regional Hospital (Greenville, MS) | 662-725-2000 |
| Jefferson Regional Medical Center (Pine Bluff, AR) | 870-541-4085 or 870-541-7772 |

Southwest:

| | |
|--|------------------------------|
| CHI St. Vincent Hot Springs (Hot Springs, AR) | 501-622-6109 or 501-622-7114 |
| CHRISTUS St. Michael Health System (Texarkana, TX) | 903-614-2519 |
| National Park Medical Center (Hot Springs, AR) | 833-444-6762 or 501-620-1441 |
| Ouachita Co. Medical Center (Camden, AR) *Not 24/7 | 870-836-1521 |
| South Arkansas Regional (El Dorado, AR) *Not 24/7 | 870-444-0333 |
| Wadley Regional Medical Center (Texarkana, TX) | 903-798-8880 |

Statewide STEMI Guidelines for Non-PCI Hospitals

Thrombolysis Pathway – FMC TO PCI > 120 MIN

GOAL: Door-to-Needle ≤30 minutes

TIME TO PRIMARY PCI > 120 MINS



This pathway does not replace medical decision-making. Deviation from this pathway based on clinical judgement is acceptable.

STEMI Diagnostic Criteria

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IV Access

- Establish large bore IV with NS @ TKO, left arm preferred
- Lab Draw: cardiac biomarkers, CBC, CMP, PT/INR (May transmit results after door-out via Pulsara)

Vitals Monitoring

- Apply cardiac monitor and attach hands-free defibrillator pads
- Obtain vital signs/pain scale
- Apply Oxygen: Titrate to maintain O2 sat ≥ 90%

GOAL

Thrombolytic Administration
Door-to-Needle
≤30 minutes from arrival

ASSESS FOR CONTRAINDICATIONS TO THROMBOLYSIS

Presence of ONE of the following:

If contraindicated, follow Primary PCI Pathway

- Any prior intracranial hemorrhage
- Known structural cerebral vascular lesion (e.g., arteriovenous malformation)
- 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 or facial trauma within 3 months

Relative Contraindications to Thrombolysis

If relative contraindications present, can consult receiving cardiologist

1. History of chronic severe, poorly controlled hypertension
2. Severe uncontrolled hypertension on presentation (SBP more than 180 mm Hg or DBP more than 110 mm Hg)
3. History of prior ischemic stroke more than 3 months, dementia, or known intracranial pathology not covered in contraindications
4. Traumatic or prolonged CPR (over 10 minutes)
5. Major surgery within last 3 weeks
6. Recent internal bleeding within last 2-4 weeks
7. Non-compressible vascular punctures
8. For streptokinase/alteplase: prior exposure (more than 5 days ago) or prior allergic reaction to these agents
9. Pregnancy
10. Active peptic ulcer
11. Current use of oral anticoagulants (Warfarin, Dabigatran, Rivaroxaban, Apixaban, etc)

Administer ONE of the following thrombolytics:

- Tenecteplase (TNKase) (PREFERRED)**

Give IV over 5 seconds. DO NOT exceed 50mg/10mL

| Patient Weight | | TNKase Reconstituted | |
|----------------|-------------|----------------------|----|
| kg | lbs | mg | mL |
| <60 | <132 | 30 | 6 |
| 60 to <70 | 132 to <154 | 35 | 7 |
| 70 to <80 | 152 to <176 | 40 | 8 |
| 80 to <90 | 176 to <198 | 45 | 9 |
| ≥90 | ≥198 | 50 | 10 |

- Retepase (Retavase) Alternative**
10 units IV over 2 minutes x 2 at 30 min. intervals
- Alteplase (tPA) Alternative** 90-min weight-based infusion

IN ADDITION to Thrombolytic administer:

- Clopidogrel (Plavix):**

| Age | Dose |
|-----|-----------------------|
| ≤75 | 300mg PO loading dose |
| >75 | 75mg PO dose |

- Aspirin:** Chew 325 mg X 1 or 81 mg X 4

Administer ONE of the following:

- Heparin** IV loading dose 70-100 U/kg IVP (Max 4000 U)
- Renal Impairment Recommendation* **Heparin** – IV loading dose 60 U/kg IVP (Max 4000 U)

IMMEDIATELY TRANSFER PATIENT TO PCI HOSPITAL

Keep PCI Facility Updated on Patient Symptoms