

Targeted history/exam and ECG within 10 mins of hospital arrival
 Obtain blood for baseline serum cardiac enzyme markers if symptoms present > 6 hours
 Administer oxygen, aspirin, analgesia, beta-blockers
 Identify patients who may be eligible for reperfusion interventions

ST elevation or new onset left BBB

ST depression/T-wave inversion/
normal ECG

Assess eligibility for fibrinolysis or primary PTCA

See flow chart over

Lysis Contraindicated
or
Anterior infarct +/- cardiogenic shock
+/- pulmonary oedema

YES →

Consider primary PTCA if:
 Access to experienced operator.
 Procedure able to be performed within 6 hours of symptom onset and door-to-balloon time <1 hour

NO

Initiate lysis within 30 mins of arrival
 rt-PA preferred in high-risk patients presenting within 4 hours of symptom onset

* Complicated patient:
 - Recurrent angina or re-infarction.
 - LV dysfunction
 - High-grade arrhythmias
 ↓
 - Add long-acting nitrate and/or calcium antagonist (for ischaemia)
 - Add ACE inhibitor (for LV dysfunction)
 - Consult cardiologist (for arrhythmia)
 Early cardiac catheterisation

Clinically stable, uncomplicated

Stress ECG or stress echo/thallium →

Inducible ischaemia

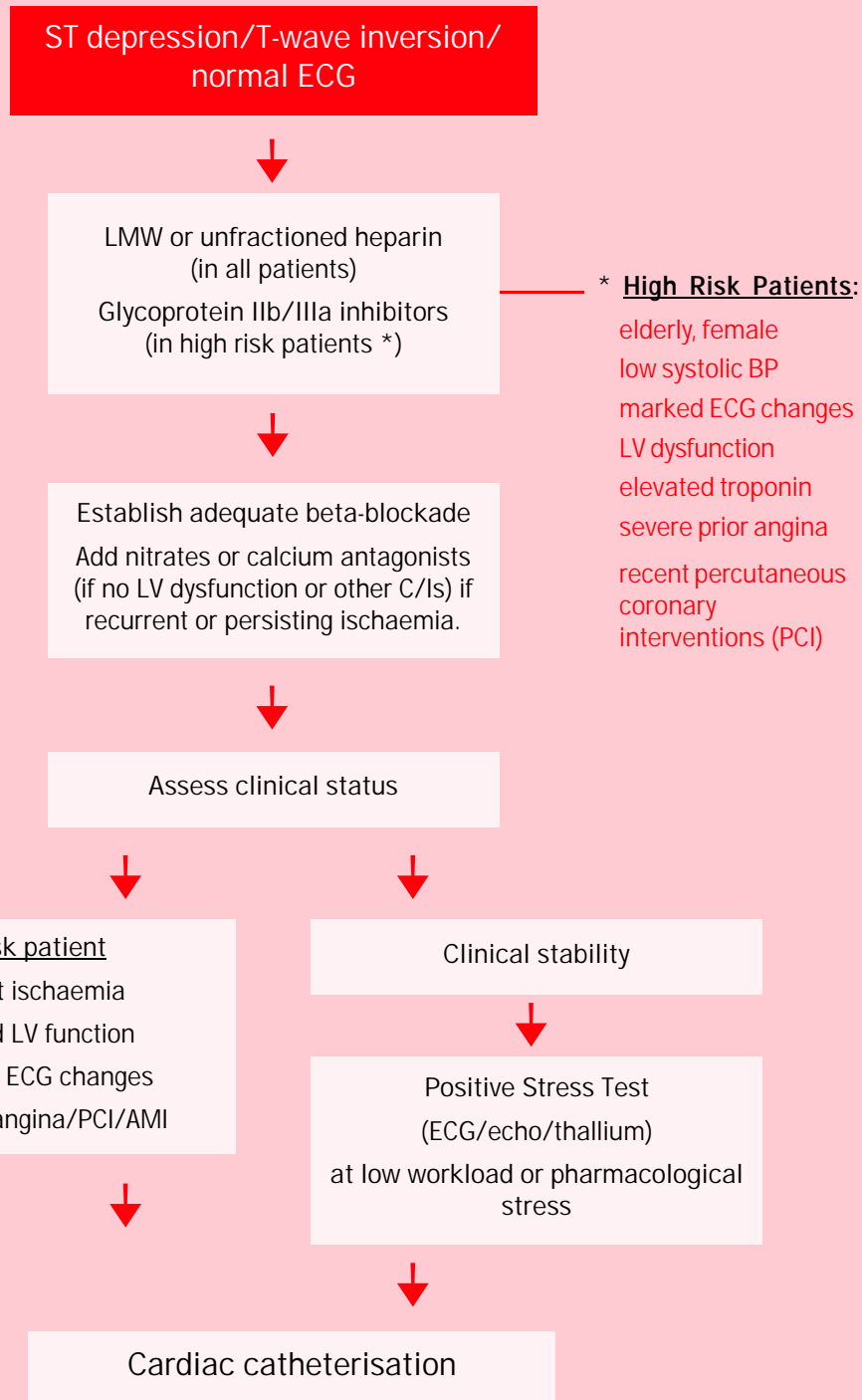
No inducible ischaemia
 Good exercise tolerance

Early cardiac catheterisation

Discharge by day 5
 Continue aspirin, beta-blockers indefinitely
 ACE inhibitors, especially if LV function impaired
 Lipid lowering drugs to lower LDL cholesterol <2.6mmol/l
 Enrol in cardiac rehabilitation program
 Psychosocial and medication counselling



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Fibrinolytic dosing

Retepase: double bolus dose of 10 million units give 30 mins apart.

Alteplase (rt-PA): 15mg IV as bolus injection, followed by IV infusion 0.75mg/kg over 30 mins. to maximum of 50mg, then 0.5mg/kg over 60 mins. to maximum of 35mg. Total dose \leq 100mg.

Streptokinase (STK): 1.5 million units by intravenous infusion over 20 to 30 mins. If systolic blood pressure falls below 80mmHg the infusion rate should be halved; if systolic blood pressure falls below 70mmHg, stop the infusion and once blood pressure $>$ 70mmHg restart the infusion at half the previous rate.

Contraindications and Cautions for Fibrinolytic use

Absolute contraindication: previous haemorrhagic stroke at any time; other strokes or cerebrovascular events within 1 year; suspected aortic dissection; known intracranial neoplasm; active internal bleeding (excluding menses).

Cautions/Relative contraindications: severe uncontrolled hypertension on presentation ($>$ 180/110mmHg); current anticoagulant use ($\text{INR} \geq 2$); known bleeding diathesis; recent (within 2-4 weeks) trauma including head trauma; noncompressible vascular punctures; pregnancy; active peptic ulcer disease.