

Nurse Administered Thrombolysis (NAT) for ST Elevation Myocardial Infarction (STEMI)



WHAT IS NAT?

The State Cardiac Reperfusion Strategy (SCRS) includes a range of models of care for patients with a suspected Acute Coronary Syndrome (ACS).

Nurse Administered Thrombolysis (NAT) is a model for rural and remote hospitals that do not have 24 hour onsite medical cover.

Accredited Registered Nurses (RNs) at these hospitals are able to provide early cardiac reperfusion to suitable patients with ST Elevation Myocardial Infarction (STEMI) using the NAT protocol.

WHY DO WE NEED NAT?

Some hospitals do not have 24 hour onsite medical cover. RNs at these hospitals are able to obtain timely specialist clinical advice so that treatment can be quickly started.

This means that all patients are able to access early reperfusion regardless of their geographical location or whether a doctor is available on site or not.

For more information visit
www.aci.health.nsw.gov.au



CLINICIAN FACT SHEET

What happens during NAT?

A 12 lead ECG is recorded for patients with suspected ACS. If the ECG states *"MEETS ST ELEVATION MI CRITERIA"* it is transmitted to an ECG Reading Service for expert interpretation.

If a STEMI is confirmed by the service and there are no contraindications within the NAT screening tool, the accredited RN is authorised to administer specific medications according to the NAT protocol.

Which patients are eligible for NAT?

To be eligible for the NAT protocol there must be:

- no medical officer on site at the time of the patients presentation
- a NAT accredited RN available
- a second person to check medications
- meeting of all criteria within the NAT patient screening tool
- informed consent of the patient is obtained.

What if the patient does not meet NAT criteria?

If the patient does not meet all NAT patient screening criteria the patient is not eligible for treatment under the NAT protocol.

Treatment under the NAT protocol is contraindicated and the protocol must be stopped.

How is the patient treated if they are not eligible for NAT?

If the patient does not meet NAT criteria the medical officer must be contacted to discuss treatment options, but this must occur outside of the NAT protocol.

Is NAT different to PHT?

NAT is similar to the paramedic administered Pre-Hospital Thrombolysis (PHT) model.

Both models involve recording and transmission of a 12 lead ECG to an ECG reading service.

If a STEMI is confirmed, and the patient meets NAT patient screening criteria, the accredited RN is authorised to administer thrombolysis under the NAT model. Under the PHT model it is the authorised paramedic.

Who developed NAT?

NAT is based on the PHT model. NAT was first developed by the Hunter New England Local Health District (LHD).

The protocol was further developed by the Rural Critical Care Taskforce and key clinicians from across NSW.

Can anyone use NAT?

Only RNs who have been trained and accredited in NAT are authorised to administer specific medications to suitable patients.

How will it be implemented?

There is a clinical lead and implementation team in your LHD which is supported and led by your LHD executive team.

NAT in your LHD

The Rural Critical Care Taskforce and the Agency for Clinical Innovation have worked with clinicians in rural LHDs to develop and implement locally appropriate models.

