

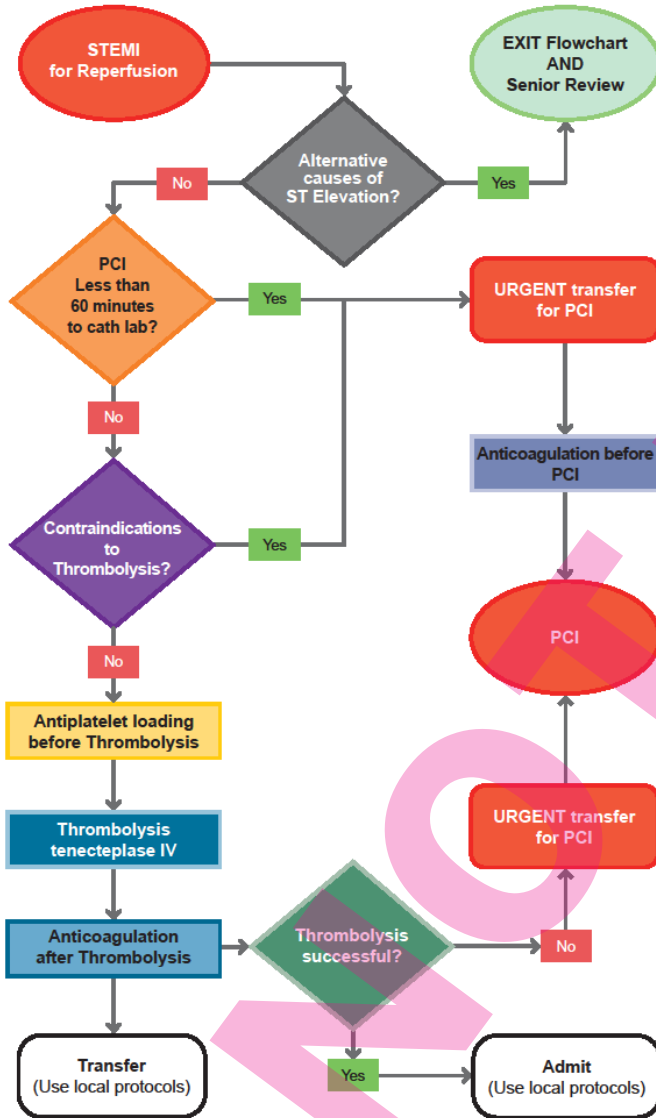
PACSA STEMI Reperfusion Flow Chart



Pathway for Acute Coronary Syndrome Assessment (PACSA) STEMI Reperfusion Checklist NH700421

Use this Flowchart in conjunction with

PACSA STEMI Reperfusion Flowchart



Alternative causes of ST Elevation		
Intracranial bleed	Ventricular paced rhythm	Early repolarisation
Previous AMI	Left bundle branch block	Cardiomyopathy
Pericarditis	Coronary vasospasm	Brugada syndrome
Myocarditis	Left ventricular hypertrophy	Wellens syndrome
Ventricular aneurysm	Takotsubo cardiomyopathy	Hyperkalaemia

Contraindications to Thrombolysis	
Symptoms present more than 12 hours	BP more than 180/110mmHg; treat BP and reassess
Major trauma OR surgery OR internal bleeding within one month	Ischaemic stroke within 3 months OR Intracerebral bleed at any time
Allergy to tenecteplase	

Relative Contraindications to Thrombolysis	
Senior Review if any Relative Contraindication: Ischaemic stroke >3 months	OR INR >1.8 OR anticoagulation OR bleeding disorder

Anticoagulation before PCI	
Aspirin 300mg (soluble) unless already given or contraindicated	

AND	Heparin 5,000 units IV	OR	Use local protocol
Agent	18 – 74 years	75 years and over	
PLUS	Ticagrelor	180mg	180mg
	OR Clopidogrel	300 – 600mg	300 – 600mg

Antiplatelet loading before Thrombolysis	
Aspirin 300mg (soluble) unless already given or contraindicated	

AND	Clopidogrel	300mg	75mg
Agent	18 – 74 years	75 years and over	

Thrombolysis: tenecteplase 5mg/mL (IV bolus over 10 sec)

Weight	18 – 74 years	75 years and over
Less than 60kg	30mg = 6mL	15mg = 3mL
60 – 69kg	35mg = 7mL	17.5mg = 3.5mL
70 – 79kg	40mg = 8mL	20mg = 4mL
80 – 89kg	45mg = 9mL	22.5mg = 4.5mL
90kg and above	50mg = 10mL	25mg = 5mL

Anticoagulation after Thrombolysis

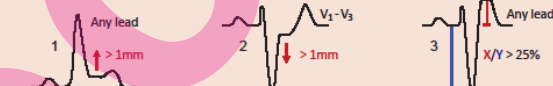
EITHER	Enoxaparin	18 – 74 years	75 years and over
IV At 15 minutes	30mg IV bolus	No IV dose	
AND SC At 30 minutes	1mg/kg SC (max 100mg)	0.75mg/kg SC (max 75mg)	
OR Heparin	At 15 minutes: bolus 60 units/kg (max 4,000 units) then 12 units/kg/hour (max 1,000 units/hour) OR Use local protocol		

ECG > 50% reduction in ST elevation	Thrombolysis successful if ALL three features present at 60 minutes
Symptoms largely resolved	
Haemodynamically stable	

ECG STEMI Equivalents: for Reperfusion

Diagnosis of STEMI in Left bundle branch block (LBBB) using modified Sgarbossa criteria

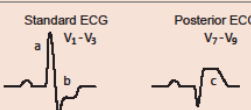
- Any lead with > 1mm concordant ST elevation (QRS and ST in same direction)
- Any lead in V₁-V₃ with > 1mm concordant ST depression (QRS and ST in same direction)
- Any lead with ST elevation more than 25% of a preceding S wave



New onset LBBB in a stable patient with chest pain is no longer an indication for reperfusion. Urgent reperfusion is indicated if LBBB AND a strong clinical suspicion of ongoing ischaemia.

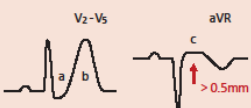
Posterior Infarct

- R wave greater than S wave in V₁-V₂
- ST depression V₁-V₃ on standard ECG
- ST elevation V₇-V₉ on posterior ECG



de Winter T waves

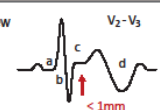
- Up-sloping ST depression in V₂-V₅
- Tail T waves in chest leads: V₂-V₅
- Slight ST elevation aVR > 0.5mm



ECG STEMI Mimics: NOT for Thrombolysis

Wellens syndrome Critical LAD stenosis: for urgent Cardiology review

- No precordial Q waves
- Normal precordial R wave progression
- Minimally elevated ST segment (< 1mm)
- Inverted or biphasic T waves V₁-V₆ (mainly V₂-V₃)



Brugada syndrome Critical arrhythmia: for urgent Cardiology review

- Broad P wave with PQ prolongation
- J point elevation
- Rounded ST elevation
- Inverted or biphasic T waves

