

t-PA

# IHC Cardiovascular Clinical Program Acute Chest Pain Evaluation and Treatment



## INITIAL EVALUATION AND TREATMENT

Time of Arrival in ER \_\_\_\_\_ Time of Onset of Pain \_\_\_\_\_ Pain Scale 1-10 \_\_\_\_\_

Vital Signs: B/P \_\_\_\_\_ / \_\_\_\_\_ HR: \_\_\_\_\_ Rhythm \_\_\_\_\_

Patient Age \_\_\_\_\_ Weight \_\_\_\_\_ kg Oxygen Saturation \_\_\_\_\_ % FiO2 \_\_\_\_\_

Comments: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

### YES NO

- Chest pain or discomfort; with or without radiation to arm, shoulder, neck or jaw
- Shortness of breath and/or diaphoresis
- Pleuritic-type chest pain (Consider **pulmonary embolism**)
- Tearing or back pain (Consider **aortic dissection**, esp if hypertension also present, obtain chest x-ray)
- Previous MI Date: \_\_\_\_\_
- Previous coronary intervention Date: \_\_\_\_\_
- Previous CABG Date: \_\_\_\_\_
- Coronary stent placed in the last 14 days Date: \_\_\_\_\_ (Consider **Primary PTCA**)
- Rales or evidence for congestive heart failure
- Heart murmur present (Consider **aortic stenosis, IHSS, acute MR, acute VSD**)
- Pericardial friction rub, history of pericarditis, positional chest pain (Consider **acute pericarditis**)
- Stat EKG **with immediate interpretation (RV leads if Inferior MI)**
  - Ischemic ST elevation (> 1mm) in  $\geq 2$  contiguous leads  Hyperacute T waves
  - Signs of Posterior MI  BBB obscuring ST segment analysis with MI history
- Old EKG Available
- Cardiac Monitor
- Two IV's or Heplocks in place
- Oxygen
- Morphine Sulfate \_\_\_\_\_ mg IV given @ \_\_\_\_\_
- Portable chest X-Ray (if needed)
- CK, CK-MB, Chem 20, CBC, and lipid profile drawn (If pain > 6 hrs, Cardiac Troponin I if available)
- Aspirin 325mg, chewed
- Beta blocker therapy Initiated (Metoprolol \_\_\_\_\_ mg IV x \_\_\_\_\_ doses, initiated @ \_\_\_\_\_)
- NTG 0.4 mg sl (if sys B/P > 90 mm/Hg) Then start IV NTG, titrate to sys B/P > 110 - 130 mm/Hg
- Chest Pain persists after NTG**

## CONTRAINDICATIONS TO THROMBOLYTIC THERAPY

- Previous hemorrhagic stroke at any time
- Other strokes or cerebrovascular events within 1 yr
- Known intracranial neoplasm
- Active internal bleeding (does not include menses)
- Suspected aortic dissection

## CAUTIONS AND RELATIVE CONTRAINDICATIONS TO THROMBOLYTIC THERAPY

- Severe, uncontrolled hypertension on presentation (B/P >180/110 mm/Hg)
- History prior CVA or known intracerebral pathology not covered in contraindications
- Current use of anticoagulants in therapeutic doses (INR  $\geq$  2-3); known bleeding diathesis
- Recent trauma (within 2-4 wks), prolonged CPR (>10 min) or major surgery (< 3 wks)
- Noncompressible vascular punctures
- Recent (within 2-4 weeks) internal bleeding
- For SK/anistreplase: prior exposure (5 days - 2yr) or prior allergic reaction
- Pregnancy
- Active peptic ulcer
- History of chronic severe hypertension

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Goal: 100% Of Eligible Patients Treated With Appropriate Thrombolytic  
Door To Thrombolytic < 30 Minutes

Patient Addressograph

**t-PA (Alteplase) is the preferred thrombolytic EXCEPT for patients over 75 years with uncomplicated inferior MI where Streptokinase is recommended**

- t-PA (Alteplase) - 15 mg IV bolus over 1-2 minutes, then 0.75 mg/kg IV over 30 minutes, not to exceed 50 mg,**

then

**0.50 mg/kg IV over next 60 minutes, not to exceed 35 mg (Begin Heparin Rx with 1<sup>st</sup> dose)**

