

STEMI Treatment Order Form

Goal: ED admit to discharge <30 minutes

<input type="checkbox"/> ECG within 10 minutes of admission	Date/Time/Completed by:
<input type="checkbox"/> Place 2 peripheral IVs (18-20G preferred)	Date/Time/Completed by:
<input type="checkbox"/> Immediate contact with transportation emergency medical services: GROUND or AIR	
<input type="checkbox"/> Immediate notification to STEMI receiving facility	

Labs

<input type="checkbox"/> CBC, electrolytes, BUN, Creatinine, glucose, cardiac enzymes, PT/INR/PTT	Date/Time/Completed by:
<input type="checkbox"/> serum HCG if child bearing age	Date/Time/Completed by:

Please DO NOT DELAY transfer waiting for lab results!

<input type="checkbox"/> Patient's Age: _____	
<input type="checkbox"/> Patient's Weight: _____ Kg (2.2 lbs = 1 Kg)	
<input type="checkbox"/> Aspirin 325 mg PO or Aspirin 300 mg suppository	Date/Time/Completed by:
<input type="checkbox"/> Platelet Inhibitor (administer ONLY ONE)	Date/Time/Completed by:

<input type="checkbox"/> Clopidogrel (Plavix) 600 mg PO if age <75 AND NOT administering thrombolytic
<input type="checkbox"/> Clopidogrel (Plavix) 300 mg PO if age <75 AND administering thrombolytic
<input type="checkbox"/> Clopidogrel (Plavix) 75 mg PO if age >75 (regardless of thrombolytic administration)
<input type="checkbox"/> Prasugrel (Effient) 60 mg PO
<input type="checkbox"/> Ticagrelor (Brilinta) 180 mg PO

<input type="checkbox"/> Heparin bolus: 60 units/kg --> _____ units (max 4,000 units) IVP	Date/Time/Completed by:
<input type="checkbox"/> Heparin drip: 12 units/kg/hr --> _____ units/hr (max 1,000 units/hr)	Date/Time/Completed by:

ABSOLUTE contraindications to Thrombolytic Therapy		RELATIVE contraindications to Thrombolytic Therapy	
Y N	Active internal bleeding or bleeding diathesis	Y N	Active internal bleeding in past 2-4 weeks
Y N	Any prior intracranial hemorrhage	Y N	Acute pericarditis
Y N	Allergy to thrombolytics	Y N	Acute subacute bacterial endocarditis
Y N	Prior exposure to thrombolytics >5 days	Y N	Advanced Age >70 years
Y N	Ischemic stroke <3 months (exemption: acute ischemic stroke within 3 hrs)	Y N	Bleeding Risk - Diabetic Retinopathy
Y N	Known malignant intracranial neoplasm	Y N	CPR > 10 minutes
Y N	Known or suspected aortic dissection, aneurysm or AVM	Y N	Current use of anticoagulants
Y N	Intracranial or intraspinal surgery <3 months	Y N	History of prior ischemic stroke >3 months
Y N	Severe uncorrected hypertension (SBP >180 mmHg or DBP >110 mmHg)	Y N	Major surgery or trauma within 3 weeks
		Y N	Pregnancy or early potpartum
		Y N	Corrected Hypertension (SBP >180 mmHg or DBP >110 mmHg)
		Y N	Recent GI bleed or active ulcer disease
		Y N	Severe hepatic and renal dysfunction

If all answers are "NO" (absolute and relative) proceed with Thrombolytic Therapy - otherwise, consult cardiology

<input type="checkbox"/> Thrombolytic (administer ONLY ONE)	Date/Time/Completed by:
<input type="checkbox"/> Reteplase (Retavase) 10 units IV over 2 minutes X 2 at 30 minute interval <input type="checkbox"/> Tenecteplase (TNK) IV over 5 seconds Dosing: <59 Kg 30 mg 60-69 Kg 35 mg 70-79 Kg 40 mg 80-89 Kg 45 mg >90 Kg 50 mg	

Reason for not administering thrombolytic:

<input type="checkbox"/> ECG 30 minutes after thrombolytic administration	Date/Time/Completed by:
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Please DO NOT DELAY transfer waiting to perform ECG, may be done by other facility.

<input type="checkbox"/> Nitroglycerin 0.4 mg SL every 5 minutes X 3, PRN Chest Pain	Date/Time/Completed by:
<input type="checkbox"/> Morphine Sulfate 2 mg IVP PRN Chest Pain	Date/Time/Completed by:
<input type="checkbox"/> IV fluid:	Date/Time/Completed by:
<input type="checkbox"/>	Date/Time/Completed by:
<input type="checkbox"/>	Date/Time/Completed by:
<input type="checkbox"/>	Date/Time/Completed by:
<input type="checkbox"/>	Date/Time/Completed by:

Date/Time/Ordering MD: