



# Regional DIDO Toolkit

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FOR NON-PCI CENTERS/FSEDS

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# Why is this important?



The Southeast Texas Regional Advisory Council (SETRAC) Cardiac Committee invites you to collaborate with us as we work to enhance cardiac care across our nine-county region.

We recognize the vital role that freestanding emergency care centers play in the early management of cardiac patients.

One of our key regional goals is to **decrease Door-In Door-Out (DIDO) times** for patients transferred from non-PCI facilities and freestanding emergency centers. Data suggests that longer DIDO times lead to worse patient outcomes. DIDO time delay of >42 minutes is associated with nearly 50% increase in hospital mortality for patients with longer delays associated with even poorer outcomes. Currently we meet DIDO time of less than 30 mins in <20% of our patients.

Your involvement is essential in achieving this important objective.

To support this goal, we would like to:

- **Engage with your team** to better understand current practices and opportunities
- **Share resources and data** to help reduce transfer times
- **Invite you to join our Cardiac Committee workgroup**, where we collaborate on best practices

Your insights and expertise are invaluable as we work together to improve outcomes for cardiac patients across Southeast Texas.

If you are interested in joining the workgroup or attending a future committee meeting, please reply to this email or contact [Merjani.Garcia@setrac.org](mailto:Merjani.Garcia@setrac.org)

We look forward to working with you!

Warm regards,

**Dr. Waleed Kayani, Cardiac Committee Chair**

**Dr. Kevin Schulz, Cardiac Committee Medical Director**

On behalf of the SETRAC Cardiac Committee

[www.SETRAC.org/cardiac](http://www.SETRAC.org/cardiac)

## STEMI Kit Drug Box

Consider implementing a drug box containing the recommended medications within the guidelines (listed on the below worksheet)

## STEMI Transfer Preparation

- Labs drawn and started. **\*\*Do not delay transfer waiting on results\*\***
- 2 IVs started (at least one 18 G)
- Defib pads applied
- Patient clothes removed, in gown
- Prepare patient for transfer to EMS stretcher (pumps, IVs, O2, etc)
- Assure EKGs in patient transfer paperwork

# Regional STEMI Timeline Worksheet



## ED Arrival to Transfer Goal: 30 min from arrival

Patient Label

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

Arrival Mode:  Walk-in  EMS (Unit \_\_\_\_\_)

PCI Center Called: \_\_\_\_\_ Time: \_\_\_\_\_

PCI Center Accepted: \_\_\_\_\_ Time: \_\_\_\_\_

EKG Time: \_\_\_\_\_

(if by EMS, note time done at scene)

Goal: 10 min from arrival

EKG Reviewed by EDMD: \_\_\_\_\_

Goal: 10 min

EMS Transport Called: \_\_\_\_\_ Time: \_\_\_\_\_

EMS Arrival Time: \_\_\_\_\_ Patient Depart Time: \_\_\_\_\_

STEMI Activation Time: \_\_\_\_\_

**Do not delay transfer waiting on lab results**

Thrombolytic Time: \_\_\_\_\_

Fibrinolytic therapy (lytics) is recommended for STEMI patients within 12 hours of acute symptom onset when the anticipated time to PCI is greater than 120 minutes and no contraindications exist

- Place 2 peripheral IVs (18-20G)
- Immediate notification of receiving PCI center and EMS transport

### Labs

- CBC, Electrolytes, BUN, Creatinine, glucose, cardiac enzymes, PT/INR/PTT
- serum HCG if female of child bearing age

### Medication

- Aspirin 325mg PO or Aspirin 300mg suppository
- Heparin bolus 60units/kg: \_\_\_\_\_units (max 4,000 units) IVP
- Heparin drip 12 units/kg/hr: \_\_\_\_\_units/hr (max 1,000 units/hr)
- Nitroglycerin 0.4 mg SL every 5 minutes x3, PRN chest pain
- Morphine Sulfate 2mg IVP PRN Chest Pain
- IV fluid: \_\_\_\_\_

### Platelet Inhibitor (administer ONLY one)

- Clopidogrel (Plavix) 600mg PO if age <75 and not administering thrombolytic
- Clopidogrel (Plavix) 300mg PO if age <75 and administering thrombolytic
- Clopidogrel (Plavix) 75mg PO if age >75 regardless of thrombolytic administration
- Prasugrel (Effient) 60mg PO
- Ticagrelor (Brilinta) 180mg PO

Tenecteplase (TNK IV over 5 seconds)

\*Dosing:

<59kg 30mg

60-69kg 35mg

70-79kg 40mg

80-89kg 45mg

>90kg 50mg

\*For patients >75 years old, consider half-dosing to reduce the risk of intracranial hemorrhage

*Not part of the medical record. Send with EMS to PCI Center*

# Order Set Template



## Cheat Sheet

### SAMPLE

#### STEMI Treatment Order Form

**Goal: ED admit to discharge <30 minutes**

<input type="checkbox"/> ECG performed and interpreted <10 min of arrival	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 ( <b>administer ONLY ONE</b> )	Date/Time/Completed by:

<input type="checkbox"/> Clopidogrel (Plavix) 600 mg PO <b>if age &lt;75 AND NOT administering thrombolytic</b>
<input type="checkbox"/> Clopidogrel (Plavix) 300 mg PO <b>if age &lt;75 AND administering thrombolytic</b>
<input type="checkbox"/> Clopidogrel (Plavix) 75 mg PO <b>if age &gt;75 (regardless of thrombolytic administration)</b>
<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 postpartum
		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 ( <b>administer ONLY ONE</b> )	Date/Time/Completed by:
<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:

Date/Time/Ordering MD:

# Drug Vendor Contact



## Tenecteplase

Suzanne E Dominey Bowers  
Therapeutic Area Manager, Hybrid  
S. Texas Ecosystem  
Genentech, Inc. | A Member of the Roche Group  
713.927.7518  
dominey.suzanne@gene.com

### **Customer Service**

**Information on product orders, distribution,  
issues, and returns.**

**Phone: (800) 551-2231**

**Hours: Monday - Friday, 6am - 5pm PT**

## **Drug Return Program**

TNKase® (tenecteplase) | Product return

Genentech Access Solutions

Provides coverage and reimbursement support, patient assistance and  
information resources

Phone: (866) 422-2377 or (866) 4 ACCESS

Hours: Monday - Friday, 6am - 5pm PT

### **Dosing Guidelines**

# PCI Transfer Center Contact List

## **American College of Cardiology: Chest Pain Center with Primary PCI and Resuscitation**

HCA Houston Healthcare Conroe 877-777-4221

HCA Houston Healthcare Clear Lake 877-777-4221

HCA Houston Healthcare Southeast 877-777-4221

## **American College of Cardiology: Chest Pain Center with Primary PCI**

Harris Health Ben Taub General Hospital 713-873-8601

HCA Houston Healthcare Kingwood 877-777-4221

HCA Houston Healthcare North Cypress 877-777-4221

HCA Houston Healthcare Northwest 877-777-4221

HCA Houston Healthcare Tomball 877-777-4221

Houston Methodist Willowbrook 713-441-6804

Memorial Hermann the Medical Center 713-704-2500

St. Joseph Medical Center 713-857-6610

UTMB Clear Lake

# PCI Transfer Center Contact List

## American College of Cardiology: PCI

Baylor St. Luke's Medical Center 832-354-2233

St. Luke's The Vintage 832-354-2233

## Joint Commission: Chest Pain Center

Memorial Hermann Cypress Hospital 713-704-2500

Memorial Hermann Greater Heights Hospital 713-704-2500

Memorial Hermann Katy Hospital 713-704-2500

Memorial Hermann the Medical Center 713-704-2500

Memorial Hermann Memorial City Medical Center 713-704-2500

Memorial Hermann Northeast Hospital 713-704-2500

Memorial Hermann Southeast Hospital 713-704-2500

Memorial Hermann Southwest Hospital 713-704-2500

Memorial Hermann Sugar Land Hospital 713-704-2500

Memorial Hermann the Woodlands Hospital 713-704-2500

# PCI Transfer Center Contact List

## PCI Capable (No Third-Party Review)

HCA Houston Healthcare Medical Center 877-777-4221

HCA Houston Healthcare West 877-777-4221

Houston Methodist Baytown Hospital 281-420-8571

Houston Methodist Clear Lake Hospital 713-441-6804

Houston Methodist Cypress 713-441-6804

Houston Methodist Hospital TMC 713-441-6804

Houston Methodist Sugar Land Hospital 713-441-6804

Houston Methodist The Woodlands Hospital 713-441-6804

Houston Methodist West Hospital 713-441-6804

Michael E. DeBakey VA Medical Center 713-794-7109

OakBend Medical Center 281-415-3048

St. Luke's The Woodlands Hospital 832-354-2233

# PCI Transfer Center Contact List

## System Transfer Centers

St. Lukes Health 832-354-2233

HCA Houston Healthcare 877-777-4221

Harris Health 713-873-8601

Houston Methodist 713-441-6804

Memorial Hermann 713-704-2500

Michael E. DeBakey VA Medical Center 713-794-7109

OakBend Medical Center 281-415-3048

from AHA.org

## 2025 AHA Guideline for the Management of Patients With Acute Coronary Syndromes

### Links

[STEMI Order Form Sample](#)

[STEMI Timeline Worksheet](#)

[SETRAC Cardiac Page](#)

Interested in attending our meetings?  
Contact [Merjani.Garcia@setrac.org](mailto:Merjani.Garcia@setrac.org) or  
[Melanie.Aluotto@setrac.org](mailto:Melanie.Aluotto@setrac.org)