

Lothian Primary PCI/Pre-Hospital Thrombolysis initiative - NHS Lothian Operational Framework

Self presenters (RIE)

Pt arrives in ED with CP

ED

- ~ Assess, Cardiac Monitor, IV Access
- ~ 12 lead ECG within 5 minutes
- ~ Rx: O₂, 300mg Aspirin, GTN, Intravenous Opiate, **600mg** Clopidogrel

12 lead ECG showing ST segment elevation of ≥ 2 mm in 2 contiguous leads or **new** BBB and clinical suspicion of MI?

CP Nurse on-duty
0730 to 1930
7 days per week

ED Bleep CP Nurse (5834) stating STEMI patient in ED possibly for PPCI

CP Nurse not on-duty?
• 1930 to 0730

ED Bleep 5834 (CCU Senior Nurse) stating STEMI patient in ED possibly for PPCI

CP Nurse or CCU Senior Nurse go immediately to ED with STEMI kit-bag

EG unable to lie flat, refuses consent

Discuss with Consultant Cardiologist, consider thrombolysis

NO

Patient eligible for immediate PPCI

YES

Cath Lab staff hours
0830 to 1730, Mon – Fri

Phone CCU, remain on line while CCU contact Cath Lab via Primary PCI (red) phone and ascertain estimated time of availability

Cath Lab available immediately
Transfer patient to Cath Lab

Cath Lab available within 120 minutes
Cath Lab contact ED as soon as available

Out-of-Cath Lab staff hours

Phone CCU, requesting cascade of the Cath Lab on-call team

Cath Lab contact ED as soon as prepared

Cath Lab not available within 120 minutes
eg equipment failure, ongoing complex case,

Discuss with Consultant Cardiologist
Consider thrombolysis and admit CCU

Consider while awaiting Cath Lab availability

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| <ul style="list-style-type: none"> • Repeat ECG. Chest X-Ray. • Secure IV access, 2nd cannula if uncertain • Discuss with family • Routine biochemistry, haematology, <u>group & save</u> • Document peripheral pulses | <ul style="list-style-type: none"> • 5,000 units IV Heparin • 5-10mg IV Metoprolol • IV Opiate |
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