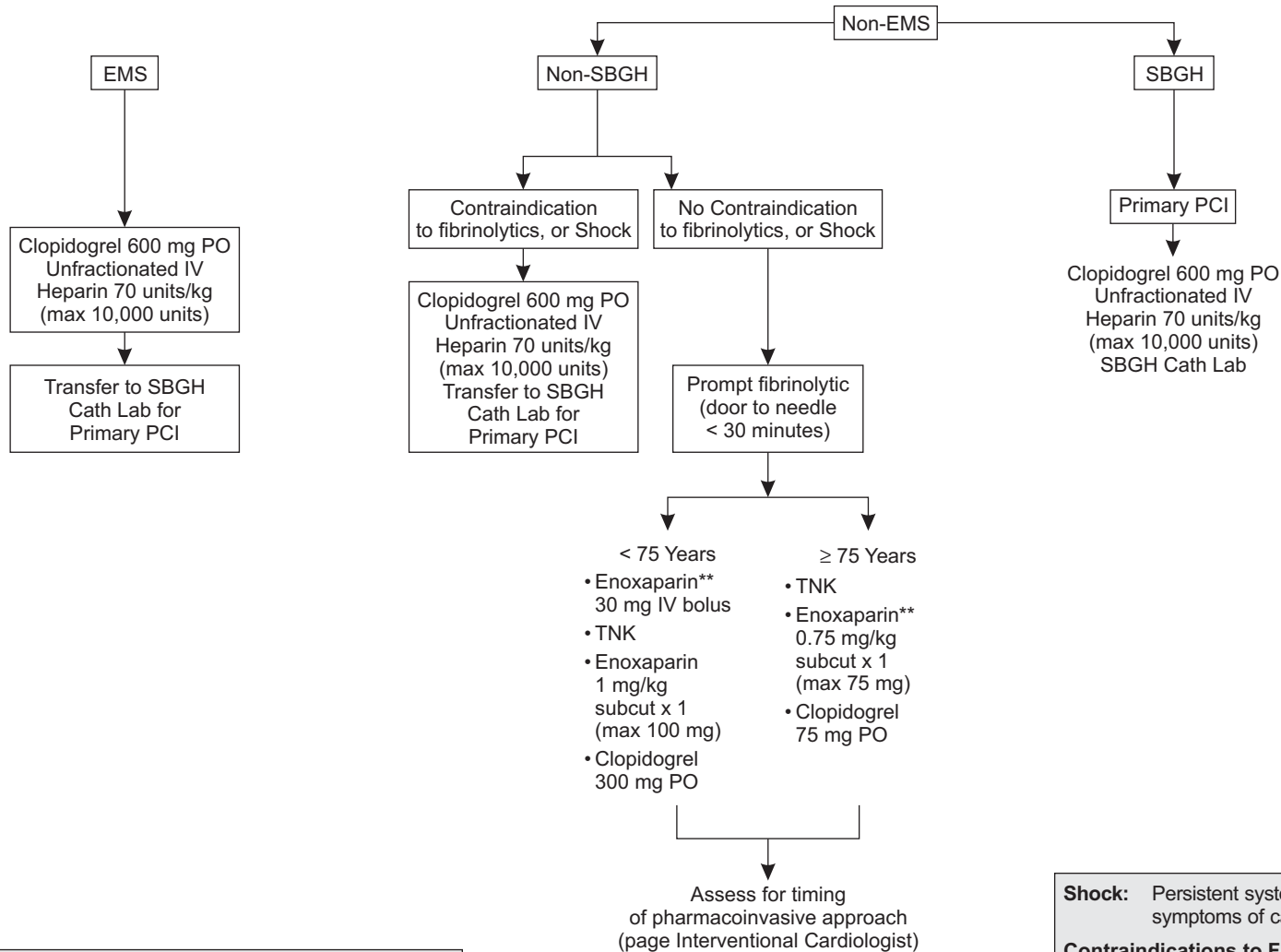


Recognized STEMI < 3h
 (symptom onset to first recognition)

ASA 162 mg chew/swallow
 Oxygen
 Nitroglycerin 0.4 mg spray
 ± Narcotic (keep systolic BP ≥ 90 mmHg)



Note: ** If known renal failure do not use Enoxaparin and give Unfractionated IV Heparin See ACS Heparin nomogram

Shock: Persistent systolic BP < 90 mmHg and persistent signs and symptoms of cardiogenic shock despite usual therapy.

Contraindications to Fibrolytics: See Reverse – **Note:**

- absolute contraindications should be considered for primary PCI if anticoagulation still appropriate.
- Relative contraindications consider risk-benefit ratio.

Candidates for Rescue PCI STEMI (Post-Lytics)

1. Cardiogenic shock.
2. Persistent electrical instability (recurrent VF or recurrent/sustained VT).
3. Pulmonary edema.
4. < 50% ST resolution (even if pain free).
5. Suspected reinfarction.
 - Recurrent ST elevation or pain after initially successful reperfusion.
6. Persistent significant ischemic symptoms even if > 50% ST resolution.

Absolute Contraindications for Rescue PCI

1. Severe GI/Systemic bleeding post-lysis.
2. New unexplained neurological findings.

Relative Contraindications for Rescue PCI

(Needs to be discussed with Angiographer)

1. Severe co-morbidities precluding reasonable survival.
2. Previous CABG without operative report.
3. > 80 years of age.