



**Facility:**

- St. Martha's Regional     Strait Richmond
- Guysborough Memorial     St. Mary's Memorial
- Eastern Memorial

Patient ID Sticker

Patient: \_\_\_\_\_

**PREPRINTED ORDER  
STEMI INITIAL ORDERS**

Weight: \_\_\_\_\_ kg    Height: \_\_\_\_\_ cm    Code \_\_\_\_\_

Allergies: \_\_\_\_\_

No Known Allergies

Arrival Time: \_\_\_\_ : \_\_\_\_ hrs

Onset of pain: \_\_\_\_ : \_\_\_\_ hrs

Estimated Creatinine Clearance: \_\_\_\_\_ mL/min (See Page 4)

- ECG STAT and PRN with pain     ECG 90 minutes post TNK
- 15-lead EKG    Initial ECG at: \_\_\_\_ : \_\_\_\_ hrs (should be less than 10 min from arrival)
- ASA 160 mg PO STAT    ASA given at: \_\_\_\_ : \_\_\_\_ hrs (or taken prior to arrival at \_\_\_\_ : \_\_\_\_ hrs)

Oxygen by nasal prongs at 2-4 L/min    Other: \_\_\_\_\_

Cardiac Monitor and Vital Signs: Stat at baseline, then q15-30 min.

Neuro Vitals at baseline then q4h for 24 hours if thrombolized

IV Access x 2, saline lock or N/S TKVO (Do not delay thrombolytics for 2<sup>nd</sup> IV)

Baseline Investigations: Cardiac Bloods (CBC, PTT, PT/INR, Electrolytes, Creat, Urea, Glucose, Troponin, CK, LDH)

Group & Cross \_\_\_\_ units of PRBC     Type & Screen    Other: \_\_\_\_\_

Portable Chest X-Ray     CXR PA & LAT    Other: \_\_\_\_\_

clopidogrel 300 mg PO STAT x 1    OR     clopidogrel 75 mg PO STAT x 1 (if 75 yrs or older & receiving TNK)

Nitrates:     nitroGLYcerin spray 0.4 mg S/L q5min X 3 PRN    Other: \_\_\_\_\_

nitroGLYcerin IV infusion (50 mg in 250 mL N/S); start at 10mcg/min and titrate to pain relief

Pain Medication:     morphine 2-4 mg IV or subcut q 30 min prn     FentaNYL 50-100 mcg IV q 30 min prn

β-blockers:     metoprolol 5 mg slow IV q5min up to max.15 mg (Cave: CHF; also increased risk of cardiogenic shock)

TENECTEPLASE PROTOCOL ('TNK Protocol' on Page 2 required)

**INITIAL ANTICOAGULATION ORDERS (Should continue for minimum 48 hrs)**

**THROMBOLIZED PATIENTS: (CHOOSE ONE OPTION BELOW)**

- For patients less than 75 years old:
  - enoxaparin 30 mg IV BOLUS PUSH, immediately following TNK administration
  - enoxaparin 1 mg/kg Subcut q12hrs x 2 doses; START FIRST DOSE WITHIN 15 MINUTES OF ABOVE BOLUS
  - Weight in kg \_\_\_\_ = \_\_\_\_ mg/dose (maximum 100mg per dose for first 2 injections only; round to nearest 5 mg)
  - See 'STEMI Follow Up Orders' on Page 3 for enoxaparin continuation once initial two subcut doses are completed

- For patients 75 years of age or older: **OMIT IV BOLUS**
  - enoxaparin 0.75 mg/kg subcut q12hrs x 2 doses; START FIRST DOSE ASAP
  - Weight in kg is \_\_\_\_ x 0.75 = \_\_\_\_ mg/dose (max. 75 mg per dose for first 2 injections only; round to nearest 5 mg)
  - See 'STEMI Follow Up Orders' on Page 3 for enoxaparin continuation once initial two Subcut doses are completed

- For patients of ANY AGE with Creatinine Clearance less than 30 mL/min, or weight greater than 140 kg:
  - Unfractionated heparin IV as per Cardiac Heparin Infusion Protocol TNK policy 1-450

**NON-THROMBOLIZED PATIENTS: (CHOOSE ONE OPTION BELOW)**

- For non-thrombolized patients of ANY AGE:
  - enoxaparin 1 mg/kg subcut q12hrs X 2 doses
  - Weight in kg \_\_\_\_ = \_\_\_\_ mg/dose (maximum 140 mg per dose; round to nearest 5 mg)
  - See 'STEMI Follow Up Orders' on Page 3 for enoxaparin continuation (the dose should not change)

- For patients with Creatinine Clearance less than 30 mL/min, or weight greater than 140 kg:
  - Unfractionated heparin IV as per Cardiac Heparin Infusion Protocol in TNK policy 1-450

Prescriber Signature \_\_\_\_\_

Date (yyyy/mm/dd) \_\_\_\_\_

Time (24hr/hh:mm) \_\_\_\_\_



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PREPRINTED ORDER  
**STEMI THROMBOLYTIC SCREENING**

**THROMBOLYTIC ELIGIBILITY SCREENING**

**Inclusion Criteria:** All "Yes" boxes must be checked before TNK is given

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Age 18 years or older  |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest pain with consistent ECG criteria for acute MI<br>(1 mm or greater ST segment elevation in two or more contiguous ECG leads or new LBBB) |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest pain less than 12 hours from onset   |

**Absolute Contraindications:** All "No" boxes must be checked before TNK is given

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any prior Intracranial Hemorrhage (ICH)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Known structural cerebral vascular lesion (i.e. arteriovenous malformation)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Known malignant intracranial neoplasm (primary or metastatic)                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Ischemic stroke within 3 months except acute ischemic stroke within 4.5 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspected aortic dissection   |
| <input type="checkbox"/> | <input type="checkbox"/> | Active bleeding or bleeding diathesis (excluding menses)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Significant closed head or facial trauma within 3 months                      |

**Relative contraindications:** If "Yes" checked, the benefits of thrombolytic therapy must outweigh the risks

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | History of chronic, severe, poorly controlled hypertension   |
| <input type="checkbox"/> | <input type="checkbox"/> | Severe uncontrolled HTN on presentation (SBP greater than 180 mm Hg, or DBP greater than 110 mm Hg)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | History of prior ischemic stroke more than 3 months, dementia, or known intracranial pathology not covered in absolute contraindications |
| <input type="checkbox"/> | <input type="checkbox"/> | Traumatic or prolonged CPR (greater than 10 minutes) or major surgery (within 3 weeks)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent internal bleeding (within 2 – 4 weeks)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Noncompressible vascular punctures   |
| <input type="checkbox"/> | <input type="checkbox"/> | Pregnancy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Active peptic ulcer  |
| <input type="checkbox"/> | <input type="checkbox"/> | Current use of anticoagulants: the higher the INR, the higher risk of bleeding   |

**THROMBOLYTIC THERAPY**

Time TNK given: \_\_\_\_ : \_\_\_\_ hrs

**Administer tenecteplase (TNK) IV as follows:**

- Reconstitute 50 mg vial of tenecteplase (TNK) with 10 mL sterile water (5 mg per mL)
- Swirl slowly – do not shake!
- **TNK \_\_\_\_\_ mg IV bolus over 5 seconds** as per "TNK Dosing Chart" below.  
Total dose should NOT exceed 50 mg.
- **TNK is incompatible with Dextrose. Flush IV lines with Sodium Chloride 0.9% 10 mL pre and post TNK**

**TNK DOSING CHART**

<u>PATIENT WEIGHT (kg)</u>	<u>TNK Dose (mg)</u>	<u>TNK Volume to be given (mL)</u>
Less than 60	30	6
60 to 69.9	35	7
70 to 79.9	40	8
80 to 89.9	45	9
90 or greater	50	10

Discontinue all previous heparin / warfarin orders prior to this cardiac event

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**PREPRINTED ORDER  
STEMI FOLLOW UP ORDERS**

<b>Admit:</b> <input type="checkbox"/> ICU <input type="checkbox"/> PCU Telemetry    Other: _____		<b>Admit under:</b>	
<b>Family Doctor:</b>		Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please Notify	
<b>Code Status:</b> <input type="checkbox"/> Full code <input type="checkbox"/> No code <input type="checkbox"/> Treat symptomatic arrhythmias as per ACLS protocol <input type="checkbox"/> No chest compressions <input type="checkbox"/> No intubation/ventilation			
<b>Diet:</b> <input checked="" type="checkbox"/> Heart Healthy Diet <input type="checkbox"/> Diabetic Diet _____ kcal/day    Other: _____			
<input checked="" type="checkbox"/> Activity as per cardiac protocol		<input checked="" type="checkbox"/> Oxygen PRN    Other: _____	
<b>Follow up ECG:</b> <input checked="" type="checkbox"/> ECG with chest pain <input checked="" type="checkbox"/> ECG at 90 min, 6 hrs and 24hrs post TNK <input checked="" type="checkbox"/> ECG daily for 3 days			
<input checked="" type="checkbox"/> Troponin/CK q8h x 3, then daily for 3 days		<input checked="" type="checkbox"/> CBC, Cr, lytes on day 1 & 2	
<input checked="" type="checkbox"/> Daily CBC while on Enoxaparin or Heparin		<input checked="" type="checkbox"/> Fasting lipids & glucose on day 1	
		<input checked="" type="checkbox"/> Blood sugars AC meals and HS for 48 hours then reassess	
<b>MEDICATIONS:</b>			<i>If not ordered, please chart why:</i>
<input type="checkbox"/> ECASA 81 mg PO daily			
<input type="checkbox"/> clopidogrel 75 mg PO daily			
<input type="checkbox"/> Beta-Blocker:			
<input type="checkbox"/> ACE Inhibitor / ARB:			
<input type="checkbox"/> Statin:			
<b>Nitrates (Hold if SBP is less than 90 mm Hg):</b>			
<input type="checkbox"/> nitroGLYcerin spray 0.4 mg S/L q5min x 3 PRN for chest pain			
<input type="checkbox"/> IV nitroGLYcerin (50 mg in 250 mL N/S); start at 10mcg/min and titrate to chest pain relief			
<input type="checkbox"/> nitropatch _____ mg daily , on at _____ hr, off at _____ hr			
<b>GI Meds:</b>		<input type="checkbox"/> pantoprazole 40 mg PO Daily	
		<input type="checkbox"/> ranitidine 150 mg PO BID	
<b>Pain meds:</b>		<input type="checkbox"/> morphine 2.5 mg IV q5min PRN (max.15mg/event)	
		<input type="checkbox"/> acetaminophen 650mg PO q4h PRN	
<b>Bowel care:</b>		<input type="checkbox"/> magnolax 30 ml PO hs PRN	
		<input type="checkbox"/> docusate sodium 100 mg PO hs PRN	
<b>Nausea:</b>		<input type="checkbox"/> dimenHYDRINATE 25 mg IV q4h PRN	
		<input type="checkbox"/> dimenHYDRINATE 50 mg PO q4h PRN	
		<input type="checkbox"/> metoclopramide 10 mg IV q4h PRN	
		<input type="checkbox"/> metoclopramide 10 mg PO q4h PRN	
<b>Sedation:</b>		<input type="checkbox"/> oxazepam 15mg PO TID PRN & 15-30mg PO hs PRN	
		<input type="checkbox"/> lorazepam 1mg PO TID PRN & 1-2mg PO hs PRN	
<b>CONTINUATION OF ANTICOAGULATION (Should continue for minimum 48 hrs, then reassess)</b>			
<input checked="" type="checkbox"/> Assess contraindications to enoxaparin on Page 4: <input type="checkbox"/> Yes, all boxes are checked "No"			
<input type="checkbox"/> For patients 75 years old or less AND ALL NON THROMBOLYZED PATIENTS:			
• enoxaparin 1 mg/kg Subcut q12hrs; maximum of 8 days			
• Weight in kg is _____ x 1 mg/kg = _____ mg/dose (maximum 140 mg per dose, round to nearest 5 mg)			
<input type="checkbox"/> For patients greater than 75 years of age:			
• enoxaparin 0.75 mg/kg Subcut q12hrs; maximum of 8 days			
• Weight in kg is _____ x 0.75 mg/kg = _____ mg/dose (maximum 140 mg per dose, round to nearest 5 mg)			
<input type="checkbox"/> Continue Cardiac Heparin Infusion Protocol in TNK policy 1-450			
<b>REFERRALS</b>			
<input checked="" type="checkbox"/> Heart Health Clinic (fax: 867-4705)		<input checked="" type="checkbox"/> Physiotherapy	
		<input checked="" type="checkbox"/> Dietitian	
<input type="checkbox"/> Pharmacy (fax: 867-4434)		<input type="checkbox"/> Diabetic Education Centre	
		<input type="checkbox"/> Social Services	
<input type="checkbox"/> Community Cardiovascular Hearts in Motion		<input type="checkbox"/> Smoking cessation	
<b>Cardiac Cath / Revascularization risk assessment:</b> <input type="checkbox"/> HIGH <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> LOW			
<i>See details on the next page</i>			

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**PREPRINTED ORDER  
STEMI INFORMATION PAGE**

Estimating Creatinine Clearance (mL/min):	
<b>Males:</b>	$\frac{(140 - \text{age}) \times (\text{IBW kg}) \times 60}{(\text{Serum Cr } \mu\text{mol/L}) \times 50} = \text{_____ mL/min}$
<b>Females:</b>	$\frac{(140 - \text{age}) \times (\text{IBW kg}) \times 60}{(\text{Serum Cr } \mu\text{mol/L}) \times 50} \times 0.85 = \text{_____ mL/min}$

Estimating Ideal Body Weight (IBW; kg): <i>If actual body weight is &lt; IBW, use actual body weight</i>	
<b>Males:</b>	$0.9 \times (\text{Height [cm]} - 150) + 50$ <b>OR</b> $50 \text{ kg} + 2.3 \text{ kg for each inch over 5 feet} = \text{_____ kg}$
<b>Females:</b>	$0.9 \times (\text{Height [cm]} - 150) + 45$ <b>OR</b> $45.5 \text{ kg} + 2.3 \text{ kg for each inch over 5 feet} = \text{_____ kg}$

Contraindications to Enoxaparin:	
<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
	Estimated Creatinine Clearance less than 30 ml/min
	Actual body weight greater than 140 kg
	Patient has contraindications to systemic anticoagulation therapy
	Patient has previously documented heparin induced thrombocytopenia (HIT)

**STEMI CARDIAC CATHETERIZATION AND REVASCULATION  
RISK STRATIFICATION GUIDELINES**

**EMERGENT CATHETERIZATION**

*Primary*

Lytic ineligible and less than 12 hrs from symptom onset ; Cardiogenic shock

*Rescue PCI\**

Failure to reperfuse (less than 50% resolution of ST elevation at 90 min)  
 Recurrent ST elevation for greater than or equal to 15-30 min after successful lysis\*\*

***High risk/complicated STEMI***

- Mechanical complications (VSD, papillary muscle rupture)
- Recurrent/ refractory ischemia/ Refractory bradycardia/
- Recurrent ventricular arrhythmias
- Severe heart failure or persistent hypotension

*\*symptom onset to balloon time should be 2 hours*

*\*\*consider repeat lysis if rescue not available within 60-90 min*

**NON- EMERGENT CATHETERIZATION**

Patients with **high risk STEMI** (e.g. extensive MI involving 2 territories [anterolateral, inferolateral, inferoposterior]) and who have responded well to the initial thrombolysis may be considered for cardiac catheterization *during the current hospitalization* without undergoing non-invasive risk stratification.

Patients with **low risk STEMI** (e.g. isolated uncomplicated inferior infarction) who have responded well to thrombolysis should undergo a non-invasive risk stratification test, such as an exercise tolerance test, prior to discharge to determine the need for cardiac catheterization.

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