

แผนภูมิการรักษาผู้ป่วย Acute STEMI

Flow of Acute ST elevation Myocardial Infarction

Acute Chest pain (onset < 12 hours)

Emergency Management

ER

- EKG within 10 minutes
- ASA.Gr.V 1 tab เดี่ยว
- Clopidogrel 600 mg (Age < 75yr.)**
- Clopidogrel 300 mg (Age > 75yr.)**
- Oxygen therapy if O2 sat < 94%
- Isordil 5 mg. 1 tab sublingual
- Morphine 1-2 mg IV if chest pain not relieved
- 0.9% NSS. IV 40 cc/hr.
- Blood test for Troponin-T/I
- CBC, BUN, Cr, Electrolytes

CCU

- Thrombolytics (Streptokinase 1.5 million units + 0.9 NSS 100 ml IV in 1 hour)
- Post Thrombolysis Enoxaparin
 - . Age ≤ 75yr; 30mg bolus then 1 mg/kg sc. Q 12 hr. X 8 days.
 - . Age > 75yr; no bolus, but give 0.75 mg/kg sc. q 12 hr. X 8 days. (Fondaparinux 2.5 mg IV. then 2.5 mg sc. OD X 8 days.)
- Door to needle time less than 30 min

Time from onset of symptom < 12 hours

Refer for PCI

Can not refer within 2 hours

Unsuccessful
Recurrent angina/VT

Successful

Refer for CAG

Revascularization

PCI - Door to balloon time ≤ 90 นาที
 Thrombolytic - Door to needle time ≤ 30 นาที
 Modified fr. ESC guideline on STEMI 2008