ONSET OF SYMPTOMS <12 HRS:
Clinical presentation in keeping with acute myocardial ischemia, i.e.: discomfort- chest, jaw, back, stomach or dyspnea

SHOW THE ECG TO THE ED PHYSICIAN WITHIN 10 MINUTES OF HOSPITAL ARRIVAL

12 LEAD ECG CRITERIA:
ST elevation ≥1 mm required in all contiguous leads other than V2 and V3 in which ≥2 mm of ST-elevation is required

CONFIRM STEMI AND ADMINISTER THE FOLLOWING STANDARD MEDICATIONS

Patient is Age ≥ 75 OR taking oral anticoagulants at home:
1. Half dose of TNK weight adjusted IV bolus
2. Aspirin (ASA): 160 mg chewable
3. Clopidogrel: 300 mg

Patient is Age <75:
1. Full dose of TNK weight adjusted IV bolus
2. Aspirin (ASA): 160 mg chewable
3. Clopidogrel: 300 mg
4. Unfractionated Heparin:
   IV bolus 60u/kg (max 4000u) and initial infusion* 12 u/kg/hr (max 1000u/hr).
   *Hold IV UFH infusion for transfer
   *Do NOT use Low Molecular Weight Heparin (LMWH)

URGENT TRANSFER PROTOCOL
Inform the patient of transfer to the Ottawa Heart Institute
Call dispatch and arrange for ambulance transfer
Ensure the following is completed in Epic or faxed:
• ECG, Emergency department triage notes
• Ambulance Call Report, if patient presented by EMS
• CBC with platelet count
• Lytes, creatinine, glucose
If needed, send appropriate personnel with patient for transfer by land ambulance.
Call to notify Ottawa Heart Institute of the transfer and provide name of patient, referring physician, referring hospital, ETA, mode of transport (air/land) and a short history.
* Do NOT delay transfer*

TIME IS MYOCARDIUM, MINUTES COUNT!

Symptoms of cardiac ischemia warrant an ECG
Target: Door-to-ECG within 10 minutes
Emergency physician triages patient for Urgent Transfer
Medications: TNK, ASA, Clopidogrel, Unfractionated Heparin
Inform Ottawa Heart Institute of patient transfer upon ambulance departure

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