Critical Path			
	Emergency Department And first 24 hours	**Next 24 hrs – Discharge Day**	**At Discharge**
Consults	Cardiology consult in ED		
Tests	12 lead ECG within 10 minutes of arrival in ED; cardiac serum markers; admission blood work	Pre discharge ETT – for uncomplicated patient, plan on 4-5 days	Cath[1] patients with significant ischemia (in-hospital or pre-discharge ETT)
	Echo for CHF/shock/suspected mechanical complications	Echo or MUGA prior to discharge if no LV gram	
Aspirin	chewed in ED (325 mg)	160-325 mg daily	81- 325 mg daily indefinitely
Reperfusion for ST↑ or new LBBB ≤ 12 hrs of symptom onset	Front loaded thrombolytics[2] or Primary PTCA	alteplase/ reteplase, can be repeated for recurrent occlusion	
Heparin	IV in alteplase/reteplase or PTCA treated patients; for large anterior MI, AF, prior embolus, LV thrombus; subcutaneous heparin for streptokinase IV heparin in LMWH subcutaneous for non-ST elevated MI	48 hrs in alteplase/reteplase, or emergency cath treated patients Consider subcutaneous heparin minidose for all until ambulatory.	Coumadin -For 3-6 mos.if LV thrombus seen or thromboembolism; -Chronically for AF
Beta Blockers[3]	IV Metoprolol (up to 15 mg in 3 divided doses) or IV Atenolol (10 mg in 2 divided doses) Calcium channel blockers if beta blockers ineffective or contraindicated	Oral Metoprolol 50-100 mg daily Atenolol 50-100 mg QD, or other beta blocker	Oral daily indefinitely
ACE Inhibitors	Start within hours if BP > 100, no renal failure	Daily for up to 6 weeks.	Longer if Sx CHF or LVEF <40% Consider in all patients
GPIIb/IIIa	For primary PTCA or high risk, non-ST elevated MI		
Nitroglycerin	IV for 24-48 hrs, unless HR< 50, BP < 90	Only for ongoing ischemia or uncontrolled hypertension	Oral for residual ischemia
Statins			Indefinitely if LDL-C >100 mg/dl
Activity Cardiac Rehab	Strict bedrest Bedrest/bedside commode as tolerated	Start exercise Hallway ambulation	Refer to rehab program near their home
Diet		Education on low fat diet	Recommend low fat diet low chol, low saturated fat, no added salt as tolerated
Patient / Family Teaching	• Explain treatments • Allay fears • Sx recognition & reporting • pain scale • Orient to unit & room; waiting room, Family Group, Survival Guide, Telecare, MI Patient Hospital Stay Information and AHA series	Prepare for all Discharge procedures, explain treatments Prepare for transfer off CICU; review Sx recognition & reporting Initiate as early as possible Reinforce smoking cessation	Orient patient to: AHA Active Partnership workbook/video series CHD section of workbook Videos Taking Control & Understanding CHD Heart Attack Discharge document
Discharge Planning		Direct family to business office Notify discharge planners	HOME VCR?

FOOTNOTES on Other Side

[1]Indications for a Cardiac Cath:

- Primary PTCA
- Rescue for the failed thrombolysis
- Clinical conditions
- – Cardiogenic shock/hemodynamic instability/CHF
  Suspected mechanical complications (eg. VSD, acute MR)
- Recurrent symptomatic arrythmia
- Ischemia in-hospital or pre-discharge ETT
  Recurrent ischemia at rest with ECG changes (repeated episodes without ECG changes)
- Recurrent MI

[2]Contraindications/Cautions to Thrombolytics:

Contraindications	*Cautions*
Known prior hemorrhagic CVA	Persistent BP $\geq$ 180/110mgHG
IC trauma	Prior cerebrovascular accident/ intracerebral pathology
Active internal bleeding	Current use of anticoagulants in therapeutic doses
Suspected aortic dissection	Trauma or surgery within 2 weeks
	Noncompressible vascular punctures
	Recent (within 2-4 weeks) internal bleeding
	Pregnancy
	Active peptic ulcer disease
	History of chronic severe hypertension

[2]Thrombolytic drug dosing

alteplase 15 mg bolus; 0.75 mg/kg over 30 mins (max 50mg); 0.5 mg/kg over 60 mins (max 35mg)
anistreplase 30U in 5 min
reteplase, double bolus 10 units 30 min apart
streptokinase, 1.5 million units infused over 60 min

[3]Relative Contraindications to Beta-blockers

Heart rate < 60 bpm	PR interval > 0.24 seconds	Severe PVD
SBP < 100mmHG	Secondary or tertiary AV block	IDDM
Signs of peripheral hypoperfusion	Severe COPD	
Severe LV failure	Hx of asthma	