

Standard Operating Procedure(SOP) for those presenting to the Emergency at the Department of Cardiology King George's medical University Lucknow

Chest Pain: YES

History Suggestive of Ischemia; YES

ECG:

ST Elevation : YES

Within 12 hrs of Onset of pain: YES

Patient willing for Primary PCI

Discuss the Risks and benefits

Explain the cost of required consumables and give necessary instructions

Contact Consultant in the cath lab

Load with PRASUFREL 60 mg

Quick echo

Part Preparation

Consent

Shift to the cath lab with file

After PCI

Shift to the ICCU keep for 24 hrs

Watch on Vitals including invasive Blood Pressure , and local site as well as intra peritoneal bleed

Prescribe standard Medicines of Betablockers. ACEIs(if BP allows) Nitrates Aspirin Prasugrel (maintainance)and
Ciplox 500 mg/day(for 3 days)

Remove sheath after 6 hrs

Discharge 3rd day with appropriate drug and lifestyle modification advise. Ask to report to respective consultant in his
OPD after 15 days.or SOS in case of symptoms

Patient unwilling/unprepared for Primary PCI

Thrombolyse after taking consent

TNK bolus if so agreed upon

Streptokinase infusion otherwise

Add Clopidogrel 300 mg aspirin 325 mg, Ramipril, Metoprolol, nitrates (if BP allows) Treat HF and Hypotension as per standard including BIPAP

Suggest PCI of infarct related vessel within 24-48 hrs (Pharmaco invasive approach)

Impress upon the patient this need, when pain recurs

If patient is willing and haemodynamically stable

Post for PCI

ReLoad with Clopidogrel 300 mg in morning

Part preparation

Consent

Shift to Cath lab at appointed time

IF: Bp < 100 mmHG

HR >100 /min

Breathlessness and inability to lie flat

Pericardial rub,

More than mild Pericardial effusion on echocardiography

Stabilize before taking up for intervention

More than 12 hrs from onset

No pain

Admit

Do Not thrombolyse

Give standard medical treatment and discuss Coronary revascularization

Willing: YES

Post for CART with a view to revascularize

Give appropriate instruction and take necessary action

Pain:++

Patient willing for PCI

Follow standard PCI protocol

If Not willing

Thrombolyse

Give standard medical treatment and discuss Coronary revascularization next day

Willing: YES

Post for CART with a view to revascularize

Give appropriate instruction and take necessary action

ECG:

ST depressions

ADMIT

Troponin t Positive /Negative

Standard treatment and added LMWH

Suggest: Coronary Angiography with a view to Revascularize within the coming 1-4 days

Patient willing: YES

Standard preparation for PCI including finances

Post on OT list

After CART: decide on mode of revascularization: PCI/CABAG

Advise/act accordingly

ECG;

NO ST Change

Troponin T positive

SOP as above

ECG Negative

Troponin T Negative

Keep under observation

Repeat ECG twice during 6 hrs after which a Trop T test be repeated:

Negative

Send home with Standard Ischemic treatment and advise to attend regular OPD for further action

If ST changes appear or Trop t becomes positive/increasing trend;

Admit for Standard PCI protocol