STEMI: early management

NICE National Institute for Health and Care Excellence

Offer a 300-mg loading dose of aspirin as soon as possible and continue aspirin indefinitely unless contraindicated
Do not offer routine GPIs or fibrinolytic drugs before arrival at the catheter laboratory if primary PCI planned

Immediately assess eligibility (irrespective of age, ethnicity, sex or level of consciousness) for reperfusion therapy
If eligible, offer reperfusion therapy as soon as possible. Otherwise offer medical management

Medical management

- Offer ticagrelor with aspirin unless high bleeding risk
- Consider clopidogrel with aspirin, or aspirin alone, for high bleeding risk

Offer cardiology assessment

Assess left ventricular function

Reperfusion therapy (primary PCI or fibrinolysis)

Angiography with follow-on primary PCI

- Offer if presenting in 12 hours of symptoms and PCI can be delivered in 120 mins
- Consider if presenting more than 12 hours after symptoms and continuing myocardial ischaemia or cardiogenic shock
- Consider radial in preference to femoral access

Drug therapy for primary PCI

- Offer prasugrel* with aspirin if not already taking oral anticoagulant
- Offer clopidogrel with aspirin if taking an oral anticoagulant
- Offer unfractionated heparin with bailout GPI for radial access
- Consider bivalirudin with bailout GPI if femoral access needed

*For people aged 75 and over, think about whether risk of bleeding with prasugrel outweighs its effectiveness ; if so offer ticagrelor or clopidogrel as alternatives

Stenting and revascularisation

- If stenting indicated, offer a drug-eluting stent
- Offer complete revascularisation (consider doing this in the index admission) if multivessel coronary artery disease and no cardiogenic shock, but consider culprit only during the index procedure for cardiogenic shock

Fibrinolysis

- Offer if presenting in 12 hours of symptoms and PCI not possible in 120 mins
- Give an antithrombin at the same time
- Offer ECG 60-90 mins after fibrinolysis

- Offer ticagrelor with aspirin unless high bleeding risk
- Consider clopidogrel with aspirin, or aspirin alone, for high bleeding risk

- Do not repeat fibrinolysis; offer immediate angiography with follow-on PCI if indicated by ECG
- Seek specialist advice for recurrent myocardial ischaemia and offer angiography with follow-on PCI if appropriate
- Consider angiography during same admission if stable after successful fibrinolysis
- Assess left ventricular function

Cardiac rehabilitation and secondary prevention

This is a summary of the recommendations on early management of STEMI from NICE's guideline on acute coronary syndromes. See the guideline at www.nice.org.uk/guidance/NG185

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