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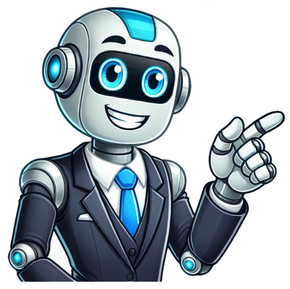

Acc/aha stemi guidelines 2013

publish date: Dec 17, 2012 focused update: Oct 21, 2015 Go to JACC article Download PDF 2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. O'Gara PT, Kushner FG, Ascheim DD, Casey DE Jr, Chung MK, de Lemos JA, Ettinger SM, Fang JC, Fesmire FM, Franklin BA, Granger CB, Krumholz HM, Linderbaum JA, Morrow DA, Newby LK, Ornato JP, Ou N, Radford MJ, Tamis-Holland JE, Tommaso CL, Tracy CM, Woo YJ, Zhao DX, Anderson JL, Jacobs AK, Halperin JL, Albert NM, Brindis RG, Creager MA, DeMets D, Guyton RA, Hochman JS, Kovacs RJ, Kushner FG, Ohman EM, Stevenson WG, Yancy CW; American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. O'Gara PT, et al. Circulation. 2013 Jan 29;127(4):e362-425. doi: 10.1161/CIR.0b013e3182742cf6. Epub 2012 Dec 17. Circulation. 2013. PMID: 23247304 No abstract available. Management of ST-Elevation Myocardial Infarction (STEMI) American College of Emergency Physicians Society for Cardiovascular Angiography and Interventions The focus of this guideline is the management of patients with ST-elevation myocardial infarction (STEMI). Particular emphasis is placed on advances in reperfusion therapy, organization of regional systems of care, transfer algorithms, evidence-based antithrombotic and medical therapies, and secondary prevention strategies to optimize patient-centered care. References related to management guidelines are provided whenever appropriate, including those pertaining to percutaneous coronary intervention (PCI), coronary artery bypass graft (CABG), heart failure (HF), cardiac devices, and secondary prevention. Patients with ST-elevation myocardial infarction (STEMI) Male, Female, Adult, Older adult Ambulatory, Emergency care, Hospital, Operating and recovery room Nurse, nurse practitioner, physician, physician assistant Diagnosis, Assessment and screening, Treatment, Management D000072657 - ST Elevation Myocardial Infarction myocardial infarction (MI), ST-elevation myocardial infarction (STEMI), STEMI O'Gara PT, Kushner FG, Ascheim DD, et al. 2013 ACCF/AHA Guideline for theManagement of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2013;61(4):e78-e140. O'Gara PT, Kushner FG, Ascheim DD, et al. 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;127(4):e362-425. The following are 10 points to remember about the ST-segment elevation myocardial infarction (STEMI) guidelines: 1. STEMI is a clinical syndrome defined by characteristic symptoms of myocardial ischemia in association with persistent electrocardiographic (ECG) ST elevation and subsequent release of biomarkers of myocardial necrosis. 2. All communities should create and maintain a regional system of STEMI care that includes assessment and continuous quality improvement of emergency medical service (EMS) and hospital-based activities. Performance can be facilitated by participating in programs such as Mission: Lifeline and the D2B (door-to-balloon) Alliance. 3. Primary percutaneous coronary intervention (PCI) is the recommended method of reperfusion when it can be performed in a timely fashion by experienced operators with an ideal first medical contact (FMC)-to-device time system goal of 90 minutes or less. 4. Therapeutic hypothermia should be started as soon as possible in comatose patients with STEMI and out-of-hospital cardiac arrest caused by ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT), including patients who undergo primary PCI. 5. A loading dose of a P2Y12 receptor inhibitor should be given as early as possible or at the time of primary PCI to patients with STEMI. Options include: clopidogrel 600 mg; or prasugrel 60 mg; or ticagrelor 180 mg. 6. P2Y12 inhibitor therapy should be given for at least 12 months to patients with STEMI who receive a stent (bare-metal stent or drug-eluting stent) during primary PCI using the following maintenance doses: clopidogrel 75 mg daily; or prasugrel 10 mg daily; or ticagrelor 90 mg twice a day. 7. Oral beta-blockers should be initiated in the first 24 hours in patients with STEMI who do not have any of the following: signs of HF, evidence of a low output state, increased risk for cardiogenic shock, or other contraindications to use of oral beta-blockers (PR interval more than 0.24 second, second- or third-degree heart block, active asthma, or reactive airway disease). 8. High-intensity statin therapy should be initiated or continued in all patients with STEMI and no contraindications to its use. 9. Left ventricular ejection fraction should be measured in all patients with STEMI. 10. Exercise-based cardiac rehabilitation/secondary prevention programs are recommended for patients with STEMI. Clinical Topics: Arrhythmias and Clinical EP, Cardiovascular Care Team, Dyslipidemia, Invasive Cardiovascular Angiography and Intervention, Prevention, Implantable Devices, SCD/Ventricular Arrhythmias, Atrial Fibrillation/Supraventricular Arrhythmias, Nonstatins, Novel Agents, Statins, Exercise Keywords: Shock, Thiophenes, Ventricular Fibrillation, Cardiopulmonary Resuscitation, Ticlopidine, Electrocardiography, Heart Arrest, Purinergic P2Y Receptor Antagonists, Biomarkers, Exercise Therapy, Cardiovascular Diseases, Stroke Volume, Myocardial Ischemia, Myocardial Infarction, Drug-Eluting Stents, Heart Conduction System, Hydroxymethylglutaryl-CoA Reductase Inhibitors, Piperazines, Angioplasty, Percutaneous Coronary Intervention, Tachycardia, Coma, Out-of-Hospital Cardiac Arrest, Secondary Prevention, Hypothermia, Heart Block, Ventricular Function, Bronchial Hyperreactivity, Myocardial Reperfusion < Back to Listings