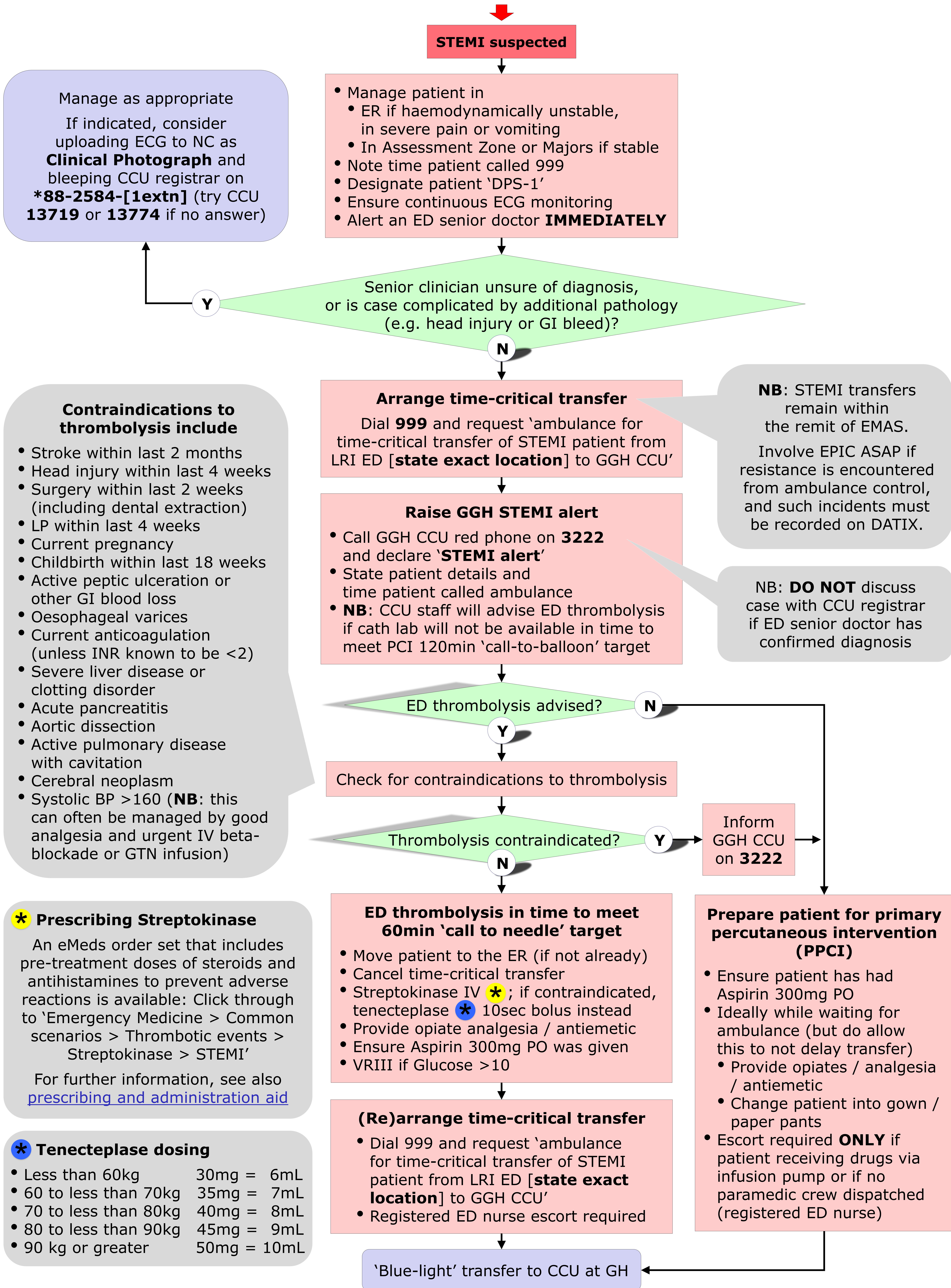


LRI ED STEMI management

Martin Wiese and Ian Hudson . Re-approved by ED guideline committee on 25Oct22 . Version 26 . Review due Oct25 . Trust Ref: C105/2016



Contraindications to thrombolysis include

- Stroke within last 2 months
- Head injury within last 4 weeks
- Surgery within last 2 weeks (including dental extraction)
- LP within last 4 weeks
- Current pregnancy
- Childbirth within last 18 weeks
- Active peptic ulceration or other GI blood loss
- Oesophageal varices
- Current anticoagulation (unless INR known to be <2)
- Severe liver disease or clotting disorder
- Acute pancreatitis
- Aortic dissection
- Active pulmonary disease with cavitation
- Cerebral neoplasm
- Systolic BP >160 (**NB**: this can often be managed by good analgesia and urgent IV beta-blockade or GTN infusion)

* Prescribing Streptokinase

An eMeds order set that includes pre-treatment doses of steroids and antihistamines to prevent adverse reactions is available: Click through to 'Emergency Medicine > Common scenarios > Thrombotic events > Streptokinase > STEMI'

For further information, see also [prescribing and administration aid](#)

* Tenecteplase dosing

- Less than 60kg 30mg = 6mL
- 60 to less than 70kg 35mg = 7mL
- 70 to less than 80kg 40mg = 8mL
- 80 to less than 90kg 45mg = 9mL
- 90 kg or greater 50mg = 10mL

NB: STEMI transfers remain within the remit of EMAS.

Involve EPIC ASAP if resistance is encountered from ambulance control, and such incidents must be recorded on DATIX.

NB: **DO NOT** discuss case with CCU registrar if ED senior doctor has confirmed diagnosis