MI Guideline Therapies

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ASPIRIN

- Given for their anti- inflammatory effect (heart attacks are caused by plaque rupture causing a clotting cascade…the aspirin blunts this process)
- Must be given within 24 hours of first medical contact unless there is a documented contraindication- does not count if it was taken at home (EMS is okay as long as there is documentation that it was given)
- Also must be ordered at discharge unless DOCUMENTED contraindication.

BETA BLOCKERS

- Shown to improve mortality. It lowers B/P and HR decreasing the oxygen demands of the heart.
- Must be given within 24 hours of first medical contact unless there is a documented contraindication. May use hold parameters as ordered but must document the reason held. (ie held due to HR 45).
- Also must be ordered at discharge unless DOCUMENTED contraindication.

P2Y12 INHIBITORS (Cangrelor (IV only), Plavix,Effient, and Brilinta)

- Inhibit platelet aggregation, mandatory for patients who receive stents (not necessary for POBA)
- Brilinta is a BID medicine; the 2nd dose should be given within 12 hours of the first dose. If the patient was in the cath lab at 4 pm and got their loading dose, it would be okay to give the second dose with the 9pm meds.
- Patients receiving Brilinta should only get ASA **81mg once** a day and not ASA 325 as the higher dose of aspirin decreases the efficacy of the Brilinta.
- Okay to give with patients on Heparin, Aggrastat, Angiomax, etc.

P2Y12 INHIBITORS (Cangrelor (IV only), Plavix,Effient, and Brilinta)

- Patients with DES will have long term DAPT (dual antiplatelet therapy which is ASA + other), while patients with BMS will have short term DAPT (usually 4-6 weeks). Patients who have just an angioplasty (POBA) do not need DAPT…only aspirin.
- These medications should never be held without an order from the **CARDIOLOGIST.**

STATINS

- Given for plaque stabilization regardless of the LDL or cholesterol profile.
- Must be ordered at discharge unless DOCUMENTED contraindication.

ACE/ARBs

- Shown to improve endothelial healing and reduces afterload.
- Must be ordered upon discharge for all patients with an EF of 40% or less or a documented contraindication. The patient having renal insufficiency is not enough. The provider must document that the patient is not eligible for ACE/ARB due to renal insufficiency.
- ENTRESTO is currently being captured as a ARB.

CARDIAC REHAB. EDUCATION

- **Cardiac Rehab. Education**- must be entered prior to discharge unless there is a DOCUMENTED reason that patient is not eligible. This education needs to be entered in EPIC by the nurse. There is an order for cardiac rehab. referral that is pre-selected on the AMI order set.

References

- 2017 AHA/ACC Clinical Performance and Quality Measures for Adults with ST-Elevation and Non-ST-Elevation Myocardial Infarction. Journal of American College of Cardiology (2017). Retrieved from http:dx.doi.org/10.1016/J.JACC2017.06.032