

STEMI Pathway 2026

Pathway to guide management of patients identified with

ST Elevation Myocardial Infarction (STEMI)

NB: Clinical pathways never replace clinical judgement.

Affix Patient ID Label Here

Hosp. Number: _____

Name: _____

DOB: _____

Aim for rapid reperfusion in STEMI – minutes means myocardium

Symptom onset: Time/Date ____:____/____/____ Registration: Time/Date ____:____/____/____ Triage Time ____:____

1 Confirm the diagnosis of STEMI is likely:

- ☐ Persistent chest pain and/or other symptoms of ACS
☐ ECG shows ST elevation, anterior ST depression (posterior STEMI – consider doing posterior lead ECG) or LBBB:
Describe ECG: _____

If ECG is non-diagnostic but symptoms suspicious for ACS
repeat in 15 mins

Time of 1st ECG showing ST Elevation: ____:____

ESC STEMI Target Timelines:

- Door to ECG: <10 mins
- Door in Door Out: <30 mins
- Door to Thrombolysis: <20 mins
- ECG to Wire-Cross: <90 mins

2 Administer recommended antiplatelet therapy:

Aspirin 300mg: ☐ Time Given ____:____ and **Ticagrelor 180 mg:** ☐ Time Given ____:____

Signed by: _____

Reason if not given: _____ Alternative given: _____

3 Urgent consult with PCI Centre for reperfusion plan - SJH: 087 939 8134

☐ Discussed with: _____ ☐ Patient accepted for Primary PCI: **Y** ☐ **N** ☐

Time accepted: ____:____ Accepting Consultant: _____ Referring Doctor: _____

Reason if not accepted: _____

Patient is for pre-transfer thrombolysis: **Y** ☐ **N** ☐

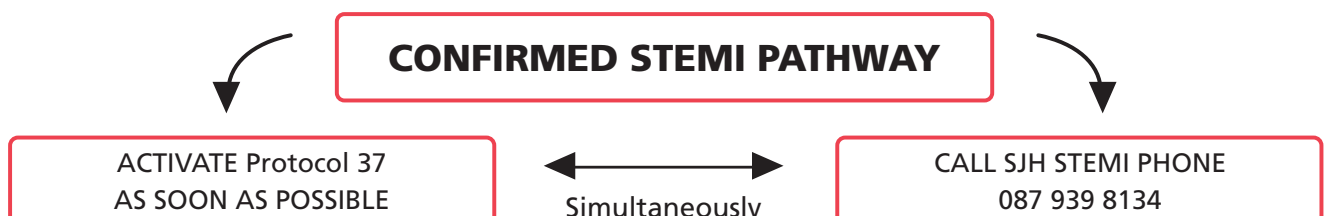
NB: If the 1st diagnostic ECG to arrival at cath lab will exceed 90 mins, thrombolysis should be considered if no contra-indications prior to transfer in consultation with PCI Centre.

Reason if not for thrombolysis: _____

4 Activate STEMI Protocol 37 Transfer Call

Reference Number: _____

National Ambulance Service: 1800 700 700 Time accepted: ____:____



5 Instructions prior to thrombolysis

- ☐ Move patient to resus area in ED
- ☐ Review contraindications prior to administration of medication (page 3)
- ☐ Place patient on continuous cardiac monitoring
- ☐ Record baseline obs: vitals, neurological (GCS), blood glucose, weight
- ☐ 2 x IV access (advised)
- ☐ Consider administration of anti-emetics (advisable in all cases) and analgesia e.g. morphine
- ☐ Informed verbal consent

6 Administer thrombolysis - Do not give if SBP >160mmHg or DBP >100mmHg

Weight: ____ Kg BP: ____/____ mmHg Age: ____

- Administer **Enoxaparin** 30 mg IV bolus stat prior to tenecteplase bolus
Omit Enoxaparin if Anticoagulated (NOAC, Warfarin, etc.) or ≥75 years old
 Dose prescribed: _____ Time of administration: ____:____ Signed by: _____
- Then administer **Tenecteplase** stat IV over 10 seconds (see weight and age adjusted dosing table below)
It is recommended to reduce to half dose in patients ≥75 years old
 Dose Prescribed _____ Time of Administration: ____:____ Signed by: _____

Tenecteplase Dosing Table

Weight (kg)	<60			≥60 to <70			≥70 to <80			≥80 to <90			≥90		
<75 Years	30 mg	6 ml	6000 IU	35mg	7 ml	7000 IU	40 mg	8 ml	8000 IU	45 mg	9 ml	9000 IU	50 mg	10 ml	10000 IU
≥75 Years	15 mg	3 ml	3000 IU	17.5 mg	3.5 ml	3500 IU	20 mg	4 ml	4000 IU	22.5 mg	4.5 ml	4500 IU	25 mg	5 ml	5000 IU

7 Transfer – Please record in all cases

- ☐ Protocol 37 Ambulance arrival time: ____:____
- ☐ Departure time: ____:____
- ☐ ECG with acquisition visible times
- ☐ Copy of medication chart
- ☐ Copy of this pathway
- ☐ Copy of medical notes

8 Post thrombolysis care

- Refer all thrombolysed STEMI patients for immediate transfer to SJH. Code STEMI transfer.
- Monitor in resus pending transfer with continuous cardiac monitoring.
- Monitor ECG, vital signs and neuro obs every 15 minutes.
- Monitor for Haemorrhage. If severe bleeding occurs, there is no specific antidote. Stop administration and give supportive therapy as appropriate. Consider FFP, blood and TXA as per local guidelines.
- Ambulance transfer of patient by crew with Advance Paramedic acceptable unless very unstable. If no AP available discuss with EM consultant on-call.
- Copy ECGs and documentation to travel with patient. File original in patient healthcare records.

Absolute contraindications to thrombolysis* MUST ANSWER NO TO ALL	Y	N
Uncontrolled hypertension (SBP >160mmHg or DBP >100mmHg)		
Previous intracranial haemorrhage or non-ischemic stroke at anytime		
Ischaemic stroke in the preceding 6 months		
Central nervous system damage, neoplasms, arteriovenous malformations		
Recent major trauma/surgery/head injury (within the preceding month)		
Gastrointestinal bleeding within the past month		
Significant bleeding disorder either at present or within the past 6 months		
Acute aortic dissection		
Non-compressible puncture in the past 24 hours (e.g. liver biopsy or lumbar puncture)		
Acute pancreatitis		
Known arterial aneurysm and/or arterial/venous malformation		

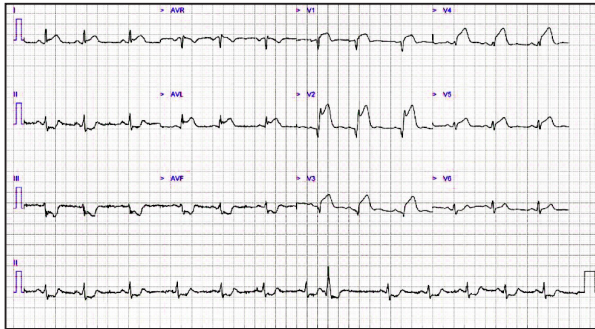
Relative contraindications – Discuss with PCI Centre	Y	N
Significant hypertension (SBP >140mmHg and/or DBP>90mmHg)		
Transient ischaemic attack in the preceding 6 months		
Oral anticoagulant therapy		
Pregnancy or within 1 week postpartum		
Advanced liver disease		
Infective endocarditis		
Active peptic ulcer disease		
Prolonged or traumatic resuscitation		
Body weight of less than 50kg		
Dementia		
Acute pericarditis		

Continues overleaf

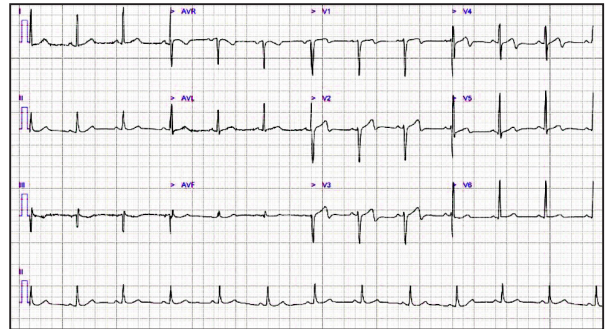


EXAMPLES OF STEMI ECGS

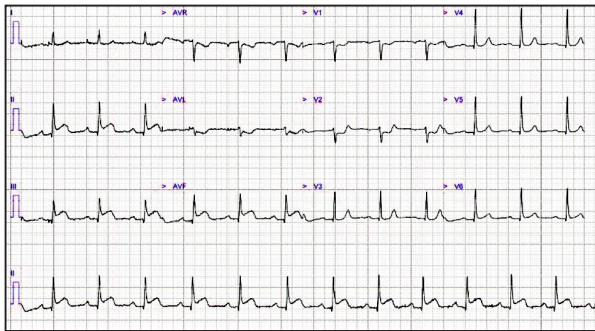
Anterior STE



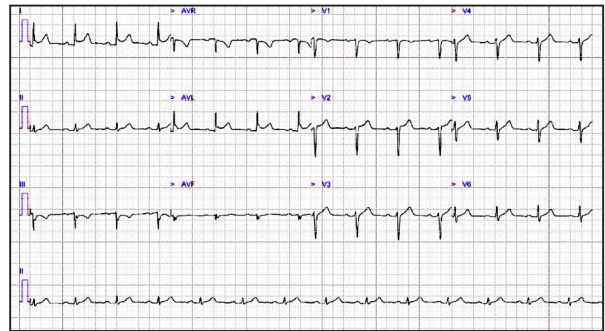
Wellen's Pattern



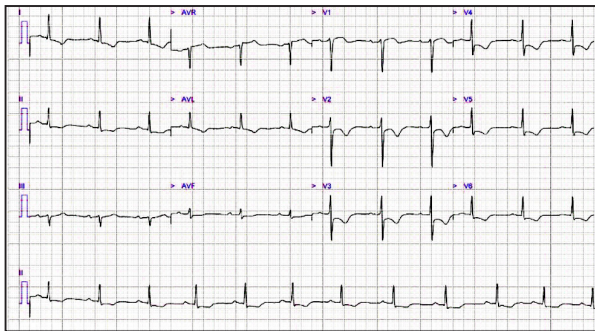
Inferior STE



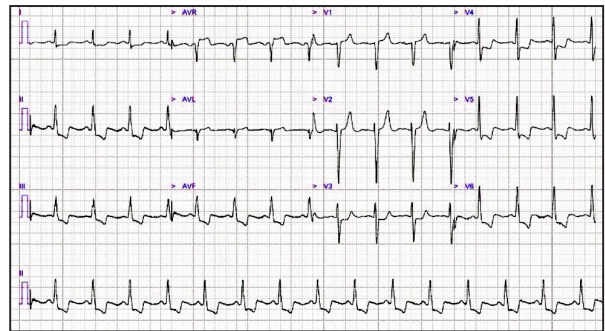
Lateral STE



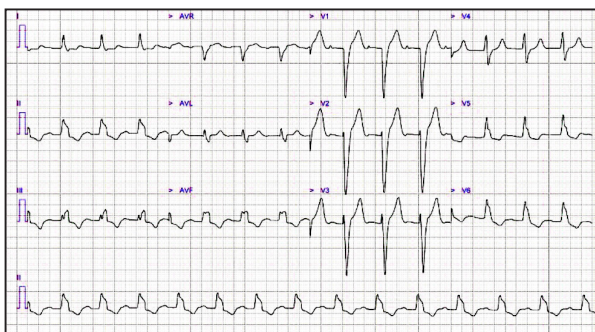
Posterior STE



STE AVR



New LBBB



LBBB With Anterior STE

