

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

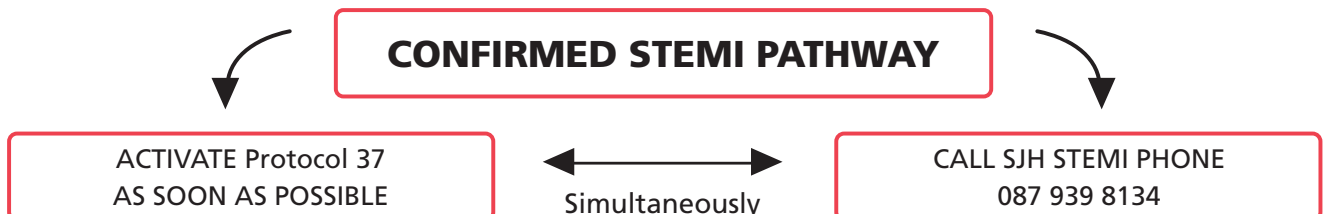
NB: If the time from 1st diagnostic ECG to arrival at Cath Lab will exceed 90 mins, thrombolysis should be considered in consultation with PCI Centre, if no contra-indications prior to transfer.

Reason if not for thrombolysis: _____

4 Activate STEMI Protocol 37 Transfer Call

Reference Number: _____

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



Pathway for management of ST Elevation MI (STEMI) thrombolysis arm

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.
- 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. Give supportive therapy as appropriate and consider FFP, blood and TXA as per local guidelines.
- Copy ECGs and documentation to travel with patient. File original in patient healthcare records.

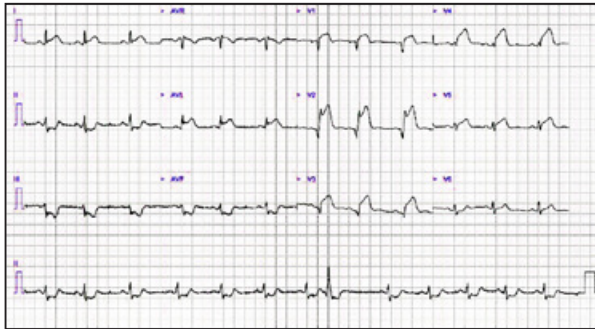
Absolute contraindications to thrombolysis* MUST ANSWER NO TO ALL	Y	N
Uncontrolled hypertension (SBP >160mmHg or DBP >100mmHg)		
Previous intracranial haemorrhage or non-ischemic stroke at anytime		
Ischaemic stroke in the preceding 6 months		
Central nervous system damage, neoplasms, arteriovenous malformations		
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		

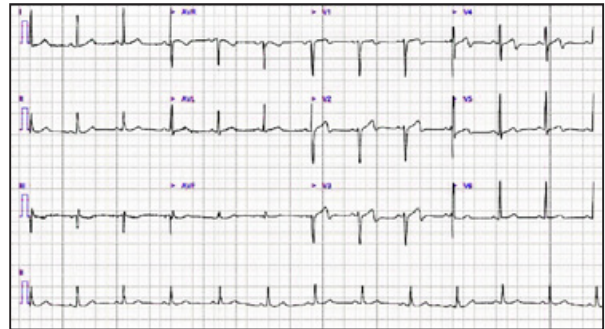
*Adapted from ESC 2023 and current Tenecteplase SPC

EXAMPLES OF STEMI ECGS

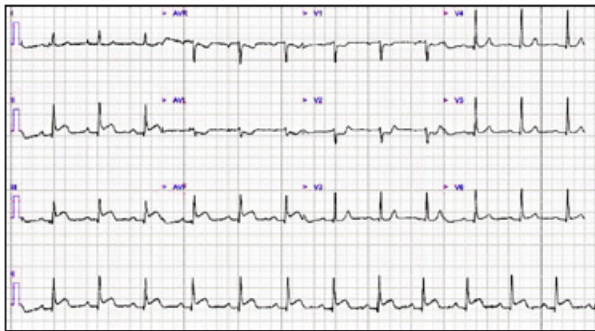
Anterior STE



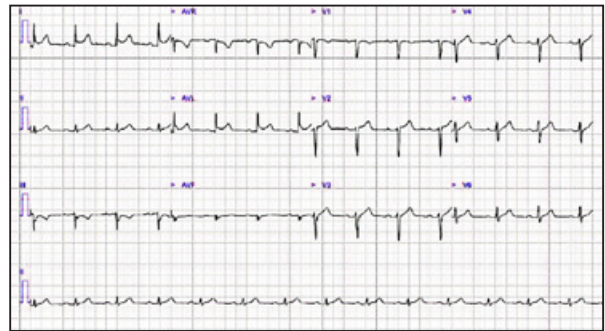
Wellen's Pattern



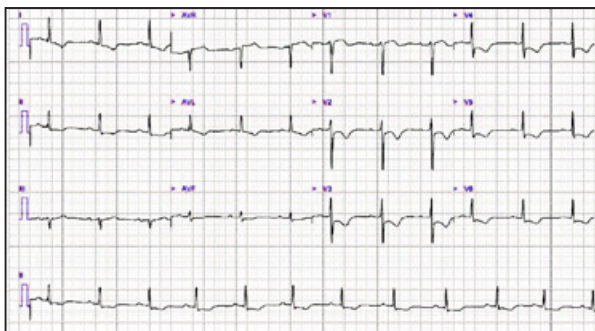
Inferior STE



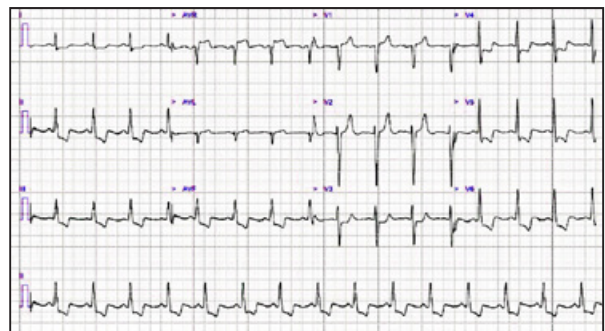
Lateral STE



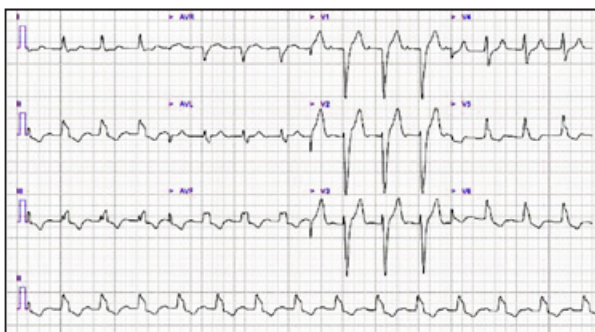
Posterior STE



STE AVR



New LBBB



LBBB With Anterior STE

