ACS Minimum Discharge Requirements

for Core Measures & ACC Registries

<table>
<thead>
<tr>
<th>Discharge Metric</th>
<th>STEMI and N-STEMI PCI, CABG or Medical Mgmt</th>
<th>All Other PCI Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASA</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>STATIN</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CLOPIDOGREL (Plavix) PRASUGREL (Effient) TICAGRELOR (Brilinta)</td>
<td>✓ (one only)</td>
<td>✓</td>
</tr>
<tr>
<td>BETA BLOCKER</td>
<td>✓</td>
<td>O</td>
</tr>
<tr>
<td>ACE-I, ARB, ALDOSTERONE ANTAGONISTS LVSD &lt;40%</td>
<td>✓</td>
<td>O</td>
</tr>
<tr>
<td><strong>Referrals / Assessments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LV FUNCTION ASSESSMENT (MRI, LV-GRAM, or ECHO)</td>
<td>✓ (post MI - before D/C)</td>
<td>O</td>
</tr>
<tr>
<td>CARDIAC REHAB</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>SMOKING CESSATION</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>LDL ASSESSED WITHIN 6 MOS</td>
<td>✓</td>
<td>O</td>
</tr>
</tbody>
</table>

Please document any contraindication to required items in the Discharge Summary

✓ = Required     O = Optional

STEMI EKG Criteria: One of the following:
- > 1mm ST segment elevation in two or more contiguous limb leads
- > 2mm ST segment elevation in two or more contiguous precordial leads
- New Left Bundle Branch Block (LBBB)
- Isolated Posterior MI with ST depression in V2-3

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**Potential ACS Symptoms?**
- New onset pain/discomfort nose to navel
- Shortness of breath
- Nausea / Diaphoresis
- Weakness / lightheadedness / severe fatigue
- Unexplained change in vital signs or LOC

**Obtain 12 lead EKG (stat)**
Goal: EKG done and read within 10 minutes of symptom onset

**Confirmed or Suspected STEMI?**
Call STEMI hotline: 6-8111 for immediate physician to physician cardiology consultation (NP or PA may call if physician not available)

**STEMI Alert is Activated**
At the discretion of Interventional cardiologist

**Transport to Cath Lab without Delay!**
Goal: Patient in cath lab < 20 minutes from onset of symptoms
Do not delay transfer for procedures or medications unless requested by Cardiologist during consultation

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**ACS General Treatment**
*To be done while waiting for EKG interpretation*
- **Oxygen** 2 liters per NC to maintain O2 sat > 95%
- **Nitroglycerin** 0.4 mg sublingual
- **Aspirin** 81 mg X 4 (324 mg total), to be chewed

*Acceptable reason for not ordering NTG = symptomatic hypotension
Or phosphodiesterase inhibitor (sildenafil, tadalafil, vardenafil)

*Acceptable reason for not ordering ASA = Allergy

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**Additional Medications**
Give only ONE of the following:
- **Clopidogrel** 600 mg oral
- **Prasugrel** 60 mg oral*
- **Ticagrelor** 180 mg*

*use Prasugrel or Ticagrelor only if requested/approved by Interventional Attending physician

**Heparin** 70 units/kg bolus IVP (max dose 7500 units)

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**No Medication Drips**
Consider Heparin 12units/kg/hr or NTG drip only in cases where there is a delay to cath lab and time allows

**Do Not Delay Transport to the Cath Lab to Administer Medications!**
Medication regimen will be completed in lab as needed