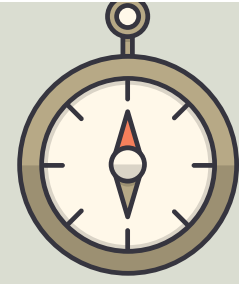
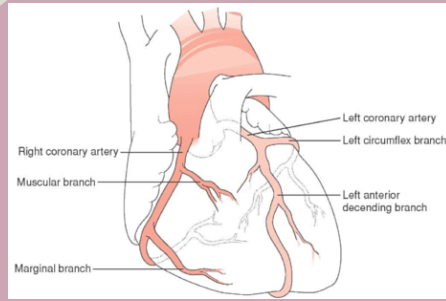


**Door To Drug
(Lytics)
< 30 MIN**



**Door To Needle
(PCI)
< 90 MIN**

I Lateral Circumflex Artery	aVR	V1 Septal Left Anterior Descending Artery	V4 Anterior Right Coronary Artery
II Inferior Right Coronary Artery	aVL Lateral Circumflex Artery	V2 Septal Left Anterior Descending Artery	V5 Lateral Circumflex Artery
III Inferior Right Coronary Artery	AVF Inferior Right Coronary Artery	V3 Anterior Right Coronary Artery	V6 Lateral Circumflex Artery

STEMI / NSTEMI

2015 AHA MANAGEMENT PEARLS



LMWH preferred over UFH after lysis for STEMI



NSTEMI in surgical patients:
UFH x 48 hrs, aspirin, clopidogrel



NSTEMI with increased risk of bleeding?
Use fondaparinux/bivalrudin



NSTEMI with renal failure?
Use bivalrudin or UFH



160-325 mg Aspirin, nonenteric
Clopidogrel, 300mg if can't take aspirin



Use morphine with caution in
UA/NTSTEMI



SpO2 goal > 94%



In 24 hours start: oral beta-blockers,
ACE-I, statin



Nitroglycerin, every 3-5 min., x 3 doses
(HOLD for SBP<90/>30% below baseline,
HR<50, RV infarct)



Dual antiplatelet therapy indicated
after stent/DUS: at least 12 months

Drug Mechanisms of Action

Clodipogrel

P2Y12 ADP Receptor Blocker

Fondaparinux

Factor Xa Inhibitor

Bivalrudin

Direct Thrombin Inhibitor

Prasugrel/Ticagrelor

P2Y12 ADP Receptor Blocker