Level Two Emergent Protocol

Assessment and Indications

- Active and ongoing chest pain or equivalent with one or more of the following:
  - 12 lead EKG that demonstrates:
    - ST Depression > 0.5 mm in 2 or more contiguous leads
    - Anterior T wave inversion > 2 mm
  - Positive biomarkers
  - Unstable arrhythmia
  - Clinically unstable
  - Ischemia on recent stress test
- Emergent pericardiocentesis
- Symptomatic bradycardia needing transcutaneous pacing
- Implanted device complication requiring emergent Cardiovascular Lab or Surgical procedure

Initial Management

- Contact Minneapolis Heart Institute® at 612-863-3911 for a Level Two Emergent consult
- Activate emergency transport team via fastest route possible
- NPO, monitor, 2 IVs with NS at TKO, draw labs including troponin and lactate
- Aspirin: 324 mg PO (81 mg chewable tabs X 4) OR 300 mg PR
- Heparin: 60 U/kg (max 4,000 U) IVP, loading dose then 12 U/kg/hr (max 1,000 U/hr) continuous infusion

Beta-blocker: for SBP > 150 mmHg per local protocol – DO NOT give if any of the following

- Signs of heart failure or shock (SBP < 110)
- Heart rate <60 or >110 and hypotension
- Severe asthma or reactive airway disease

- Nitroglycerin: 0.4 mg SL, prn (consider Nitroglycerin drip)
- Morphine Sulphate: 2 - 4 mg prn
- Oxygen: Maintain SpO2 ≥ 92%

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"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

This information is intended only as a guideline. Please use your best judgment in the treatment of patients.