



Level Two NSTEMI Protocol

Assessment and Indications

- CP or equivalent on arrival to ED
- 12 lead EKG handed to MD within 10 min
- ST Depression > 0.5 mm in 2 or more contiguous leads
- or** Anterior T wave inversion > 2 mm
- or** positive biomarkers **or** sustained VT
- or** clinically unstable **or** ischemia on recent stress test

Initial Management

- Contact Minneapolis Heart Institute® at **612-863-3911** to page cardiologist for a Level Two NSTEMI
- Activate emergency transport team (air if unstable, if not contraindicated)
- NPO, monitor, 2 IVs with NS at TKO, draw labs to include 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
- Morphine Sulfate: 2-4 mg IVP, prn
- Oxygen: to maintain SpO₂ ≥ 92%
- Consider CXR if condition warrants (send film with patient)

"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.