



Patient name: .....
NHS No .....
Hospital no: .....
DOB: .....

# STEMI PATHWAY

**Date of procedure.....**



Patient name: .....  
 NHS No .....  
 Hospital no: .....  
 DOB: .....

STEMI safety checklist					
Preferred name?	Age	Height	Weight	Patient on Warfarin / NOAC If yes POC INR:	IV access <input type="checkbox"/>
Allergies and reactions?			Any medication given on route to Lab?		Bloods needed <input type="checkbox"/>
Has patient been loaded on Aspirin 300mg Clopidogrel 600mg Ticagrelor 180mg Prasugrel 60mg		Any bleeding issues or Awaiting any operations?		ECG changes	IV pump in Lab?
Family/NOK aware of admission?			Manual handling needs assessed		Have you ever been informed by Public Health that you are at risk of CJD?
<b>Cath lab nurse</b>				<b>Signature</b>	



Patient name: .....  
 NHS No .....  
 Hospital no: .....  
 DOB: .....

Time out – before incision	All staff to stop and respond to the questions asked		
Confirm procedure planned & correct approach	Yes	No	N/A
Written consent or verbal (witnessed)	Yes	No	N/A
Pregnancy excluded	Yes	No	N/A
Allergies	Yes	No	N/A
Cannula In situ	Yes	No	N/A
Patient monitoring in-situ BP,SATS, ECG and defib pads	Yes	No	N/A
All staff in lead aprons and thyroid collar	Yes	No	N/A
Doors Locked	Yes	No	N/A
Operator	Name		
Physiologist	Name		
Scrub Nurse	Name		
<b>Runner Nurse</b>	Name		
<b>Radiographer Lead Time-Out Checker</b> (Senior Nurse in Lab)	Name		









Patient name: .....
NHS No .....
Hospital no: .....
DOB: .....

**Sign Out (to be said out loud before patient leaves the catheter Lab)**

Has the name of the procedure and any additional procedure been recorded on care plan	Yes
Have key concerns/instructions for recovery and management been discussed and documented	Yes
Any lines left in-situ?	Yes                      No If Yes, Sites.....
Heparin given during procedure?	No                                      If Yes: Dose.....iu
Have any equipment problems been identified which need to be addressed	Yes                      No                      N/A If Yes, please state:
Sharps count (needles/sutures/blades)	Yes                      No                      N/A Initials of 2 practitioners checking:
<b>Practitioner Name</b>	<b>Signature</b>

**Handover from Catheter Lab to Ward**

Check patient identity with ward nurse	Verbally
Read through documentation from procedure with ward nurse	Yes                      No                      N/A
Handover specific post-care instructions	Yes                      No                      N/A
Check insertion site together Limb colour..... Temp..... Pulse Y/N Cap refill .....secs Haematoma score .....	Yes Additional problems  Plan
Lines left in-situ?    Arterial <input type="checkbox"/> Venous <input type="checkbox"/>	Yes                      No If Yes, sites:.....
Tirofiban in situ Rate.....mls/hr    Duration.....	Yes                      No
Hand over any patient property	Yes                      No                      N/A
Return patients notes, care plan, check drug chart is signed (if applicable)	Yes                      No                      N/A
<b>Practitioner Name</b>	<b>Signature                      Date:                      Time:</b>
<b>Practitioner accepting Handover</b>	<b>Signature                      Date:                      Time:</b>

STEMI Pathway  
 Author JL  
 Updated August 2019 V2  
 Amended February 2024 by JL



Patient name: ..... NHS No ..... Hospital no: ..... DOB: .....
---

<b>Post Procedure Care</b> <b>Initial</b> <i>When following guidance below please take into account if they usually take Warfarin or a NOAC – the recovery times may then alter. Treat each patient individually and follow consultant guidance. Document wound observations on appropriate charts - pages 9-10.</i>		
<b>Post STEMI care as per CCU guidelines</b>		
<b>Central cardiac monitoring</b>		
Record and document observations, check access site every 15mins for 1 hr , every 30 mins for 2 hours, every hour up to 6 hours. As per NEWS there after	Yes No	
Post procedure ECG		
Check relevant distal pulse and record warmth and colour of limb. If angioseal used – pt may sit up if haemostasis achieved	Yes No	
If no angioseal deployed – pt lies flat for 1 hr, sit at 45° for 1 hr. mobilise if no bleed/haematoma May sit up @ ..... May get up @ .....	Yes No N/A	
Monitor access site for swelling +/- bleeding – treat as necessary.	Yes No	
If sheath in-situ, remove when ACT <150secs or per operators instructions	Yes No N/A	
If TR band in situ Start to release pressure in TR band after 2 hours	Yes No N/A	Dose.....iu
<b>Post Procedure Nutrition</b>		
Offered Food: Patient accepted / refused (please circle) Encourage oral fluids, contrast given during procedure.....mls	Yes No	
<b>Practitioner name</b> <b>Signature</b>	<b>Date:</b> DD/MM/YY <b>Time:</b> HH:MM	





Patient name: .....  
 NHS No .....  
 Hospital no: .....  
 DOB: .....

Femoral Arterial Access:..... Right Sheath Size:..... Left Sheath Size.....

Arterial Sheath > 5F: Ultrasound Guided: Right Y / N Left Y / N

Any specific US findings:

Right FA.....

Left FA.....

Femoral Head Screening Performed Right Y / N Left Y / N

Micro-puncture Kit Used: Right Y / N Left Y / N

Arterial Closure Strategy Right: Pull & Press / Device.....  
 Left: Pull & Press / Device.....

Comments.....  
 .....  
 .....



Patient name: .....
NHS No .....
Hospital no: .....
DOB: .....

**Access Site Observations ..... RADIAL Air in band.....**

Time													
Colour													
Temp													
Pulse													
Normal sensation													
Ooze													
Haematoma Score													
Cap refill													
Air Removed													

**Access Site Observations ..... RADIAL Air in band....**

Time													
Colour													
Temp													
Pulse													
Normal sensation													
Ooze													
Haematoma Score													
Cap refill													
Air removed													



Patient name: .....  
 NHS No .....  
 Hospital no: .....  
 DOB: .....

**Additional Access Site Observations ..... FEMORAL Time sheath pulled.....**

Time														
Colour														
Temp														
Pedal Pulse														
Normal sensation														
Ooze														
Haematoma Present?														

**Additional Access Site Observations ..... FEMORAL Time sheath pulled.....**

Time														
Colour														
Temp														
Pedal Pulse														
Normal sensation														
Ooze														
Haematoma Present?														

If a haematoma/ bleed develops at any time post procedure please refer to access specific guideline. i.e Groin inspection guidelines/ SPEED/ Haematoma classification guide, and re-start access checks as per initial post procedure guidelines p.7

**EASY Hematoma Classification after Transradial/Ulnar PCI**

GRADE	I	II	III	IV	V
INCIDENCE	≤ 5%	< 3%	< 2%	≈ 0.1%	< 0.01%
DEFINITION	Local hematoma, superficial	Hematoma with moderate muscular infiltration	Forearm hematoma and muscular infiltration, below the elbow	Hematoma and muscular infiltration extending above the elbow	Ischemic threat (compartment syndrome)
TREATMENT	Analgesia Additional bracelet Local ice	Analgesia Additional bracelet Local ice	Analgesia Additional bracelet Local ice Inflated BP cuff	Analgesia Additional bracelet, Local ice Inflated BP cuff	Consider surgery
NOTES		Inform physician	Inform physician	Inform physician	STAT call to physician
REMARKS	- Control blood pressure (BP) (importance of pain management) - Consider interruption of any anticoagulation and/or antiplatelet infusion - Follow forearm and arm diameters to evaluate requirement for additional bracelet and/or BP cuff inflation - Additional bracelet(s) can be placed alongside artery anatomy - Ice cubes in a plastic bag or washcloth are placed on the hematoma - Finger O <sub>2</sub> saturation can be monitored during inflated blood pressure cuff - To inflate blood pressure cuff, select a pressure of 20 mmHg < systolic pressure and deflate every 15 minutes - After bracelet removal, use "Velpeau bandage" around forearm/arm for a few hours to maintain mild positive pressure				







Patient name: .....  
 NHS No .....  
 Hospital no: .....  
 DOB: .....

Morrison Cardiac Catheter Laboratory intra-procedural  
 MEDICATION ADMINISTRATION RECORD

<b>DRUG ALLERGIES &amp; SENSITIVITIES</b>	<b>PLEASE CIRCLE AS APPROPRIATE:</b>	<b>Date of Cardiac Catheter- lab procedure</b> _____
	<b>NONE KNOWN</b> <b>YES</b> SIGNED.....	Consultant _____
Drug / Allergen: .....	Description of Reaction .....	<b>This section must be completed. Check allergy status prior to administration of medicine.</b>

Drug	Dose	Route	Frequency	Prescriber's signature ..... Date.....
<b>Antithrombotic</b>				Prescriber's Initials below
<i>Clpidogrel</i>	<i>600mg</i>	<i>PO</i>	<i>Stat</i>	
<i>Prasugrel</i>	<i>60mg</i>	<i>PO</i>	<i>Stat</i>	
<i>Ticagrelor</i>	<i>180mg</i>	<i>PO</i>	<i>Stat</i>	
<i>Aspirin</i>	<i>300mg</i>	<i>PO</i>	<i>Stat</i>	
<i>Aspirin</i>	<i>250mg</i>	<i>IV</i>	<i>Stat</i>	
<i>Cangrelor</i>	<i>Titrated to protocol</i>	<i>IV</i>	<i>To continue as per protocol</i>	
<i>Tirofiban</i>	<i>Titrated to protocol</i>	<i>IV</i>	<i>To continue until review</i>	
<i>Heparin</i>	<i>Titrated to protocol</i>	<i>IV/IA/IC</i>	<i>As directed</i>	
<b>Analgesia</b>				
<i>Diamorphine</i>	<i>2.5mg-5mg</i>	<i>IV</i>	<i>As required</i>	
<i>Morphine 1mg/ml</i>	<i>2.5mg-5mg</i>	<i>IV</i>	<i>As required</i>	
<i>Fentanyl</i>	<i>12.5-25 micrograms</i>	<i>IV</i>	<i>As required</i>	
<b>Anxiolytics/sedative</b>				
<i>Midazolam</i>	<i>1-2mg</i>	<i>IV</i>	<i>As required</i>	
<b>Antiemetics</b>				
<i>Metoclopramide</i>	<i>10mg</i>	<i>IV</i>	<i>stat</i>	
<i>Ondansetron</i>	<i>4-mg</i>	<i>IV</i>	<i>stat</i>	
<b>Others</b>				
<i>Adenosine 60mg/60ml</i>	<i>Titrated per protocol</i>	<i>IV</i>	<i>As per protocol</i>	
<i>Phenylephrine</i>	<i>100-300 microgram</i>	<i>IV</i>	<i>As required</i>	
<i>Metaraminol</i>	<i>0.5mg - 1mg</i>	<i>IV</i>	<i>As directed</i>	
<i>Saline 0.9%</i>	<i>500ml</i>	<i>IV</i>	<i>As directed</i>	
<i>Gelofusine</i>	<i>500ml</i>	<i>IV</i>	<i>As directed</i>	
<i>Isoprenaline</i>	<i>Titrated to protocol</i>	<i>IV</i>	<i>As directed</i>	
<i>Protamine</i>	<i>50mg</i>	<i>IV</i>	<i>Over 5 minutes</i>	
<i>Furosemide</i>	<i>40mg-80mg</i>	<i>IV</i>	<i>As directed</i>	
<i>Atropine</i>	<i>300-600mcg</i>	<i>IV</i>	<i>As directed</i>	

IN-PATIENT MEDICATION ADMINISTRATION RECORD





## Swansea Bay University Health Board

### Authorisation Form for Publication onto COIN (LocSSIPs)

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	CID4108
Title.	Cardiology LocSSIP STEMI Pathway (V2)
Name of Author	Jemma Langdon, Clinical Leader
Please specify whether the document is New, Revised or a Review of a previous version.	Revised
Please provide a brief description/abstract of the document.	Pathway for Pre, Peri and Post STEMI Care.
Date Published on COIN.	28/09/2021
Last Review.	27/02/2024
Next Review/Expiry Date on COIN.	28/02/2027