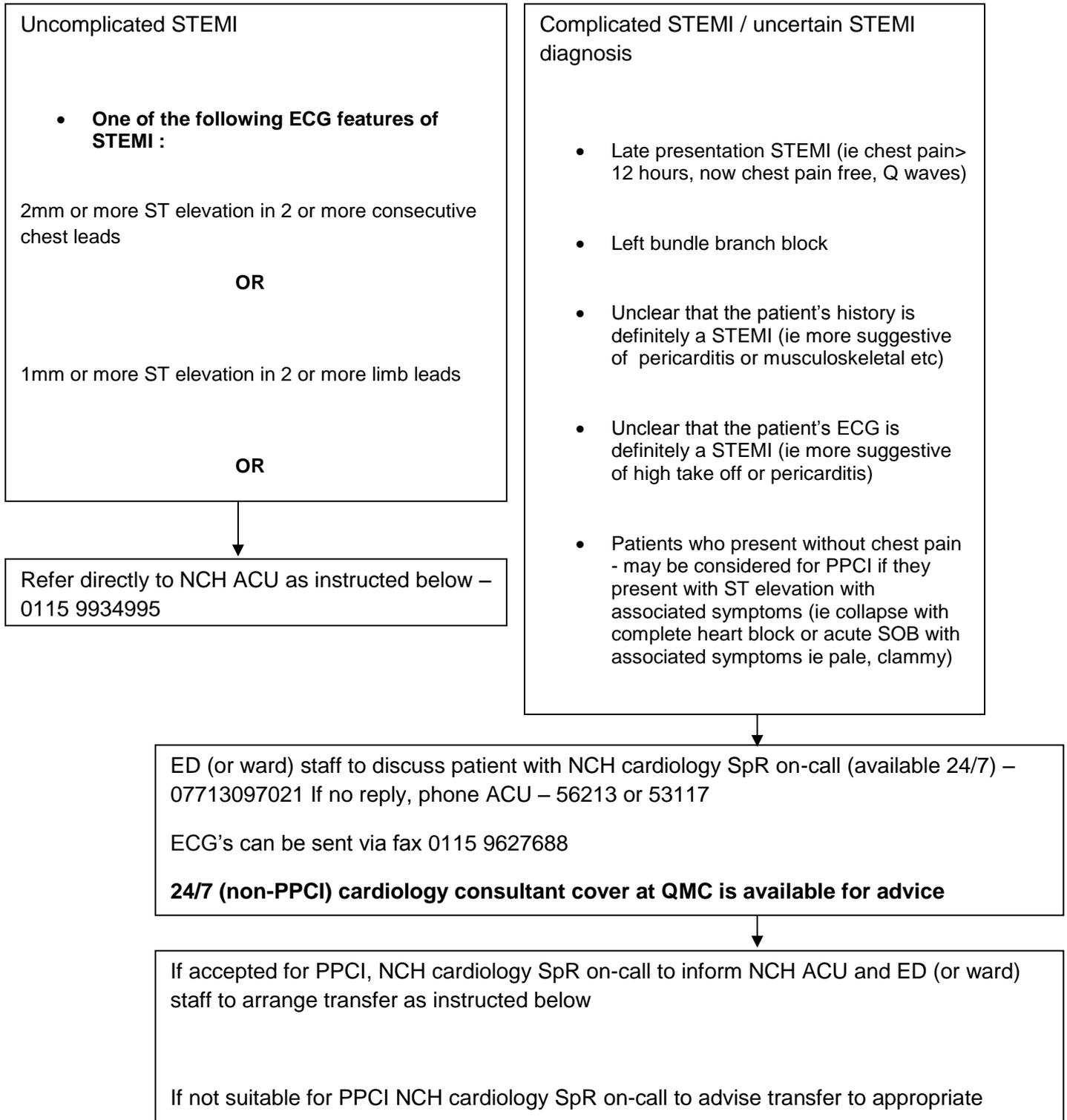


Full Title of Guideline:	PPCI pathway for ED
Author (include email and role):	██████████
Division & Speciality:	Cardiology. Medicine.
Version:	2
Ratified by:	Cardiology Governance team.
Scope (Target audience, state if Trust wide):	ED. EMAS.
Review date (when this version goes out of date):	July 2024.
Explicit definition of patient group to which it applies (e.g. inclusion and exclusion criteria, diagnosis):	Adult patients having STEMI.
Changes from previous version (not applicable if this is a new guideline, enter below if extensive):	Telephone numbers updated.
Summary of evidence base this guideline has been created from:	NICE. 2013. CG167. Myocardial infarction with ST-segment elevation : acute management.
<p><i>This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date or outside of the Trust.</i></p>	

Nottingham University Hospitals (Nottingham City campus)
PPCI referral pathway for STEMI patients presenting to the
Queen's Medical Centre, Newark Hospital and Ilkeston
Hospital



Uncomplicated STEMI

Complicated STEMI accepted
by NCH cardiology SpR on-call

Arrange transfer for PPCI

- Telephone Nottingham City Hospital ACU (0115 9934995) with patient details and ETA.
- Give Aspirin 300mgs orally and Prasugrel 60mg orally. OK to give if already on antiplatelets/anticoagulants (Heparin is not required at this point)
- ED (or ward) staff to activate EMAS – dial 999 and book as **Time critical transfer – escort if appropriate**

Minimum transfer data required

- Name
- DOB

NCH ACU co-ordinator instigates PPCI protocol and checks NOTIS for recent bloods, clinic letters, previous PCI or CABG details

Ambulance crew takes patient to TCC ambulance entrance. Cardiac Nurse to meet ambulance crew at entrance to TCC

ED (or ward) staff to inform NCH ACU (0115 9934995) when the patient physically leaves referring hospital

If patient stable and after cardiology consultant review at TCC, transfer for PPCI felt to be clearly inappropriate, then transfer back to referring hospital may be considered

If expected transfer delay is over 60 minutes consider thrombolysis AFTER discussion with the NCH Cardiologist