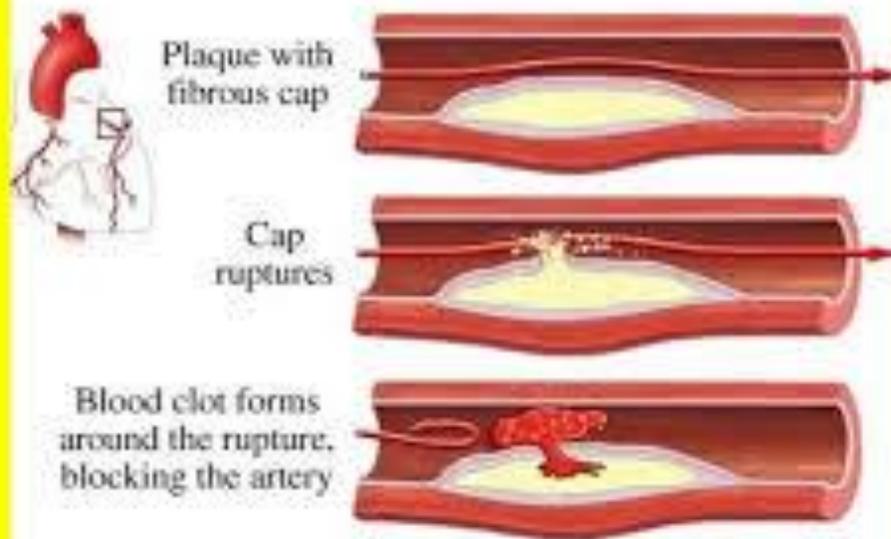


Primary PCI

Coronary artery disease

- Stable CAD
- Acute coronary syndrome
 - ✓ unstable angina / NSTEMI
 - ✓ STEMI

STABLE & UNSTABLE ANGINA



STEMI

Diagnosis:

History

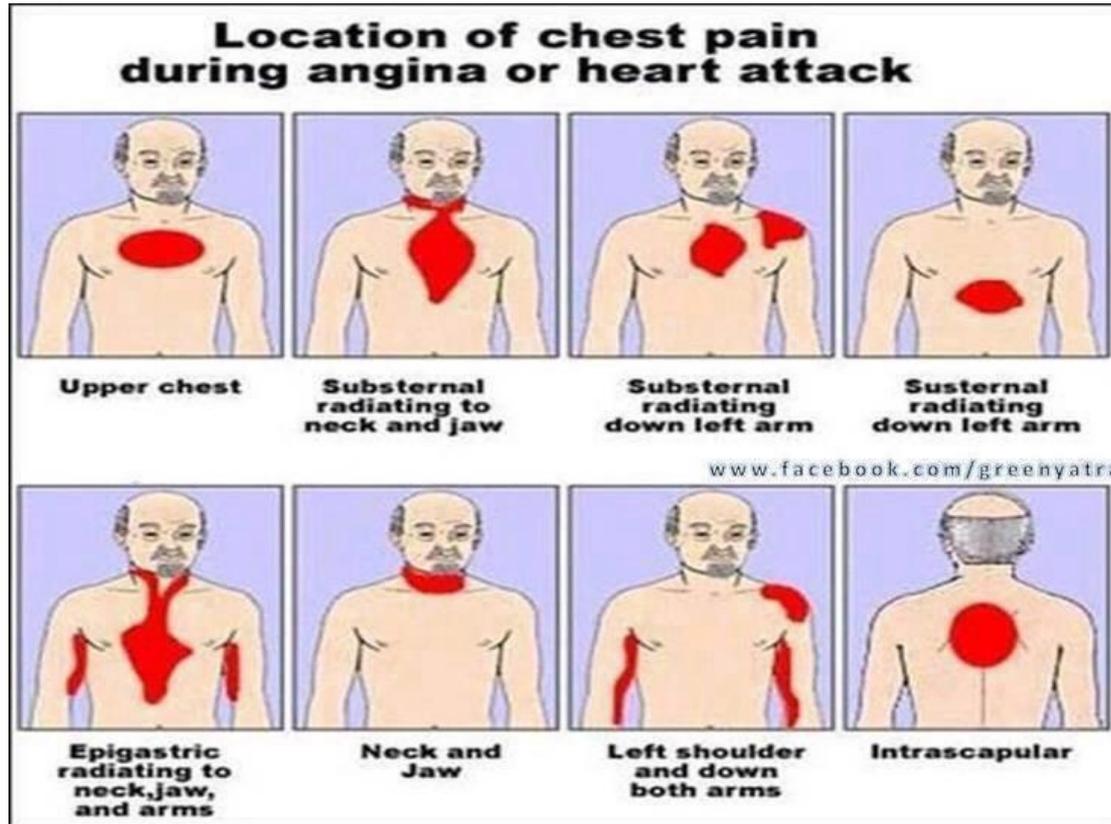
ECG (10minutes)

Diagnosis of STE MI

History:

- Location
- Quality
- Radiation
- Duration
- Associated symptoms
- Worsening factors
- Relieving factors

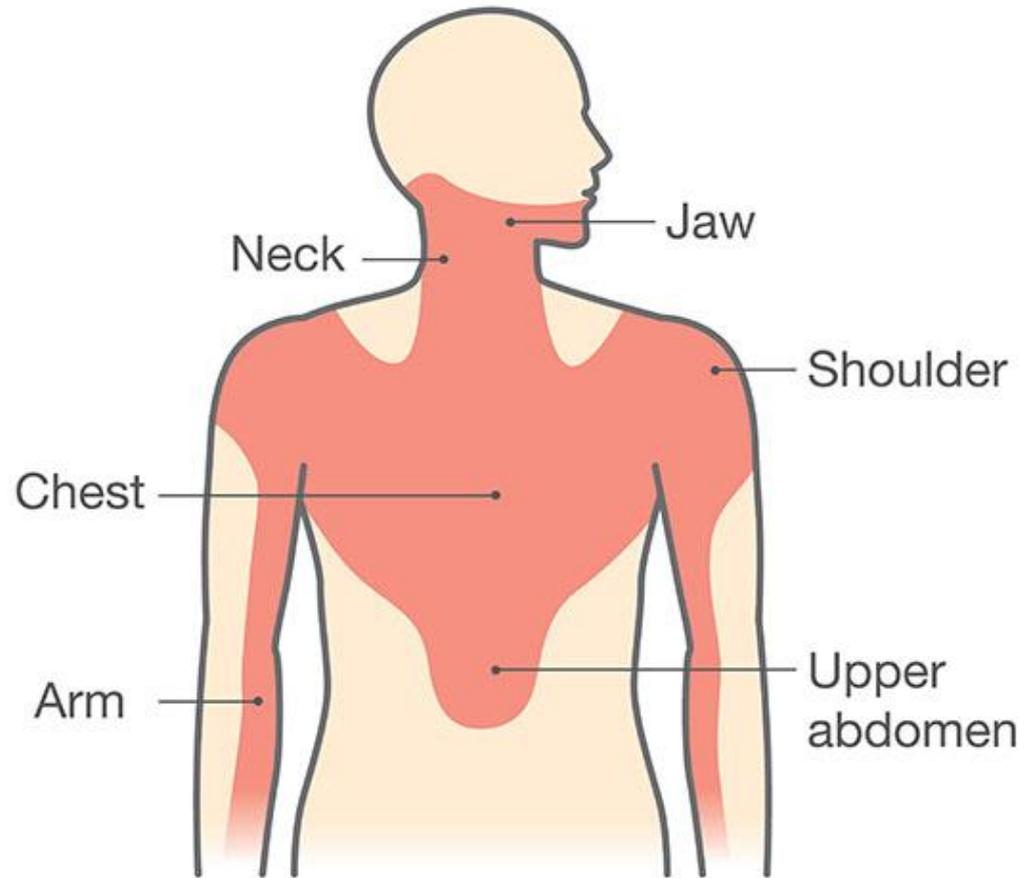
location



Quality

- Squazing
- Pressure
- Burning

Radiation



Duration

Stable angina:

Resolves within 5 minutes

Unstable angina:

Resolves within 20-30 minutes or with TNG

STE MI:

Non spontaneous resolution or with TNG

Associated symptoms

- **Cold sweating**
- **Nausea**
- **Vomiting**
- **Dyspnea**
- **syncope**

Resolving and worsening factors

Resolves with:

Rest

TNG

Worsens with:

Moving or exertion

STEMI

Diagnosis:

History

ECG (10minutes)

STEMI

مهمترین نکته در برخورد بیمار با STEMI **تعیین استراتژی**
ریperfیوژن است

Primary PCI

Fibrinolytic

Before reperfusion

Pain management:

- ✓ O₂ therapy
- ✓ Narcotics
- ✓ TNG
- ✓ Beta blockers

Before reperfusion

Other drugs:

- ✓ Atorvastatin
- ✓ Aspirin
- ✓ Clopidogrel (Plavix)
- ✓ Heparin
- ✓ ACEI or ARB

Reperfusion strategy

در حال حاضر استراتژی انتخابی کشوری در بیمارستان
های 247 پر ایمری PCI می باشد

Reperfusion strategy

Fibrinolysis:

Sterptoinase:

1,500,000 in 45 minutes in 100 cc ns

Begin heparin 4 hours after that without check of PTT or INR

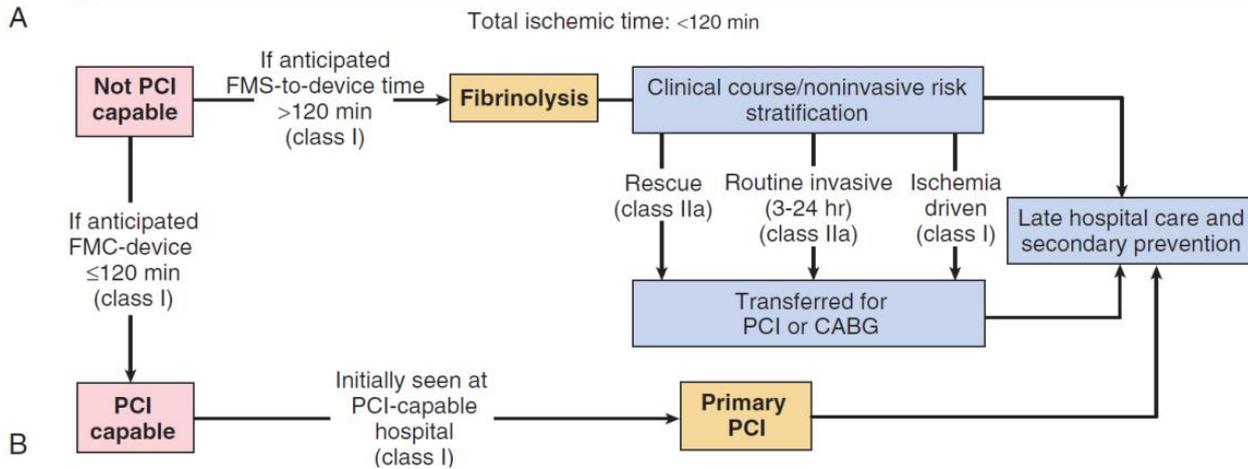
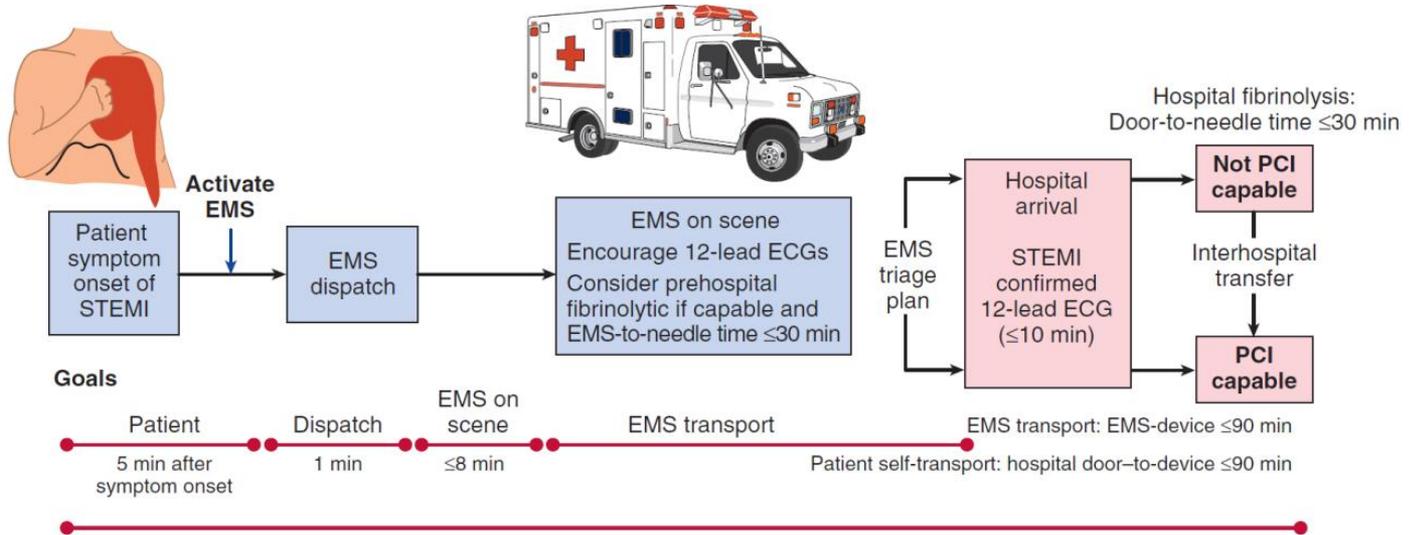
Reteplase:

2 blouse doses of 10 IU vials in 30 minutes

5000 IU heparin before first dose

Contraindications of fibrinolysis

- **Any previous intracranial hemorrhage**
- **Known structural cerebral vascular lesion**
- **Known malignant intracranial neoplasm**
- **Ischemic stroke within 3 months**
- **Suspected aortic dissection**
- **Active bleeding**
- **Significant closed head or facial trauma within 3 months**
- **Intracranial or spinal surgery within 2 months**
- **BP > 180/110**
- **For Streptokinase previous treatment within last 6 months**



Primary PCI

- تشخیص STEMI و فعال کردن کد ۲۴۷ ظرف ۱۰ دقیقه
- تشکیل پرونده و انتقال بیمار به کت لب ظرف ۱۵ دقیقه
 - ✓ نیاز به کسب رضایت به جز از خود بیمار نیست
 - ✓ نیاز به شیو محل آنژیوگرافی ندارد
- در مجموع زمان ورود تا عبور وایر باید کمتر از ۹۰ دقیقه باشد

پرسنل درگیر در کد ۲۴۷

- رزیدنت کشیک
- پرستار اورژانس
- سوپر وایزر
- پرسنل کشیک اتاق عمل شامل تکنسین بیهوشی
- پرسنل کت لب شامل پرستار و تکنسین
- پرسنل CCU
- بیمار بر

داروهای مورد استفاده در Primary PCI

Heparin: 100 IU/ Kg

Integriline:

2 bolus doses in 10 minutes and infusion begins
between bolus doses

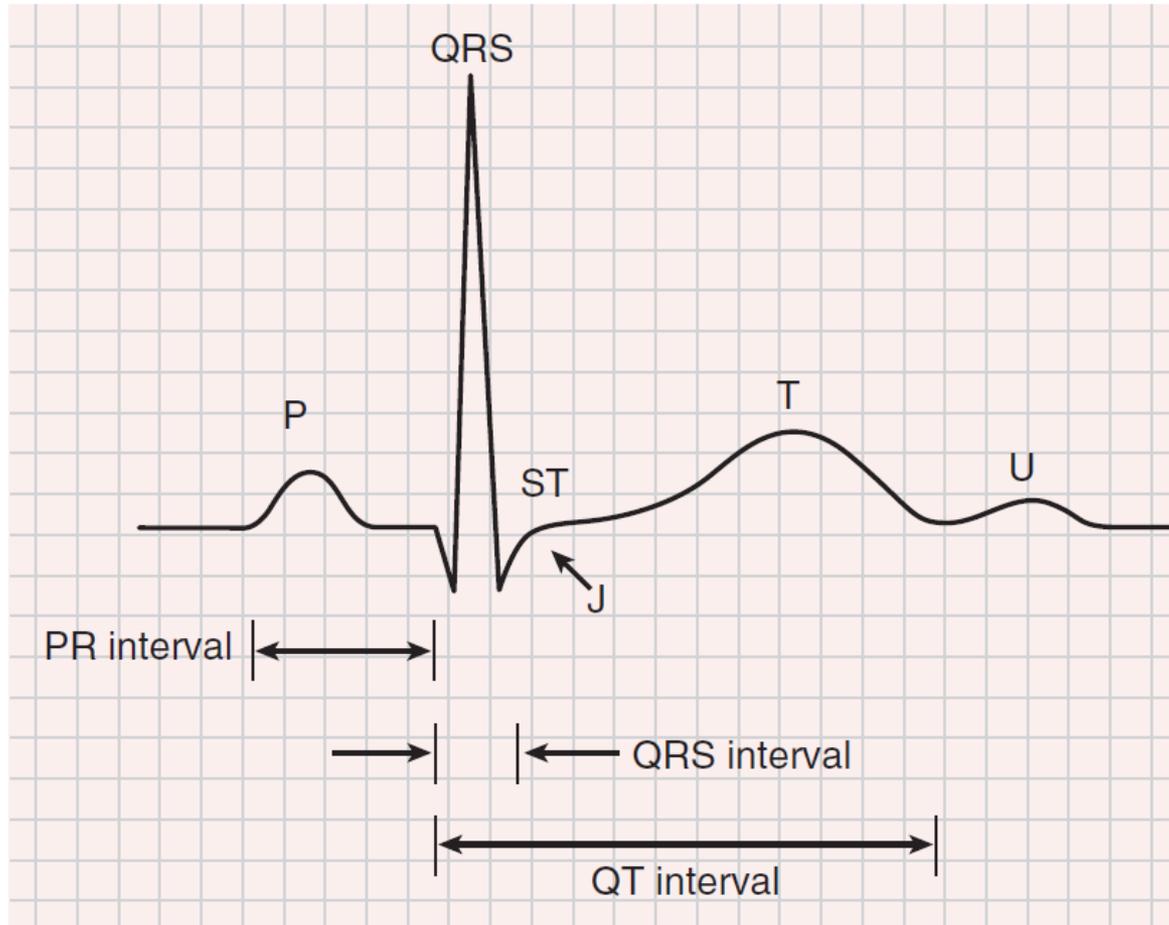
Adenosine:

60 mcgr intracoronary

ECG in ACS

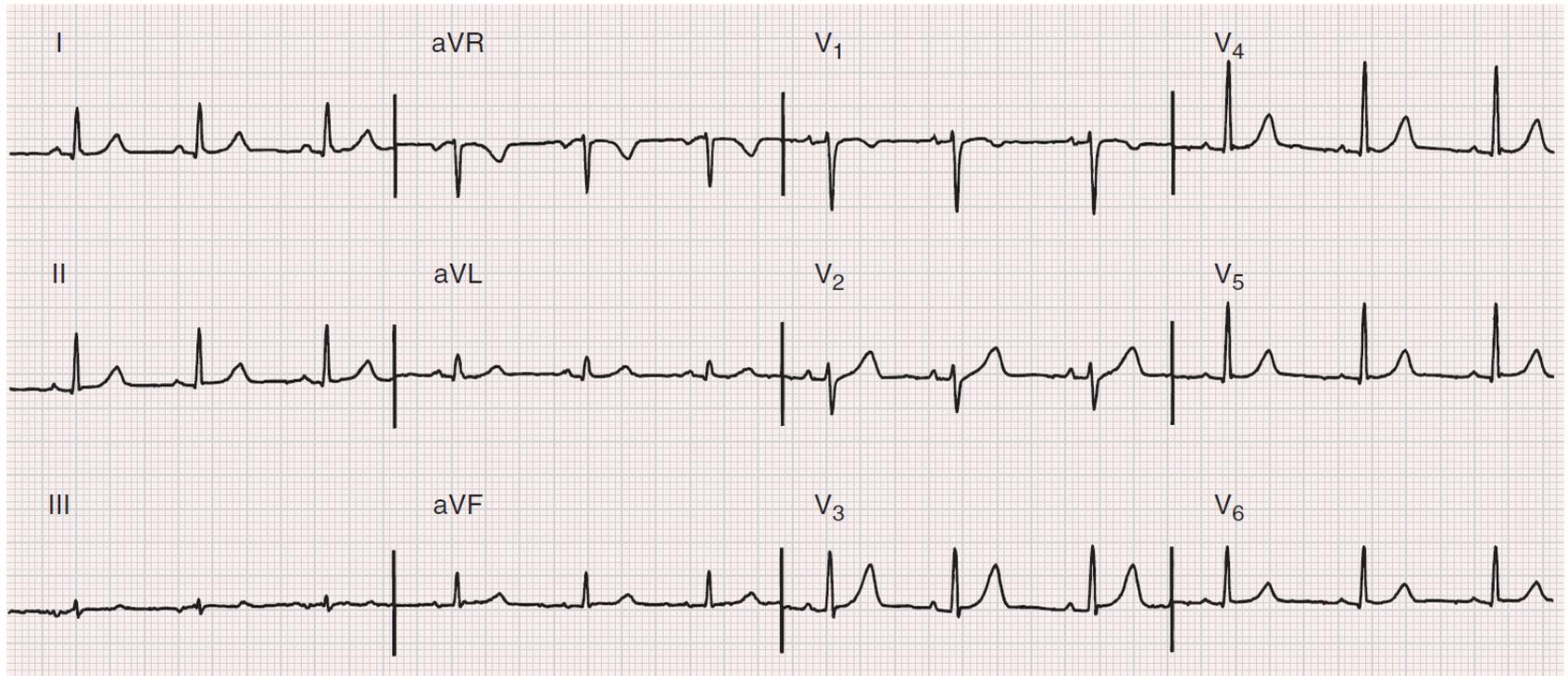
- **Normal**
- **T inversion**
- **ST depression**
- **Hyper acute T**
- **ST elevation**
- **New LBBB**

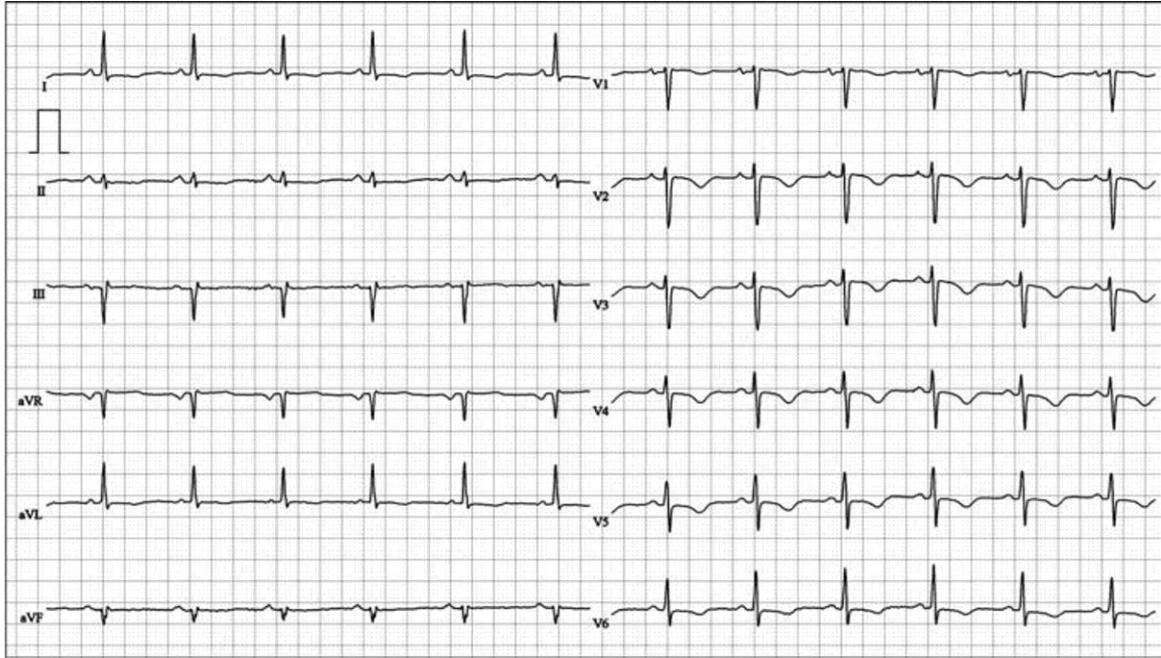
Normal ECG

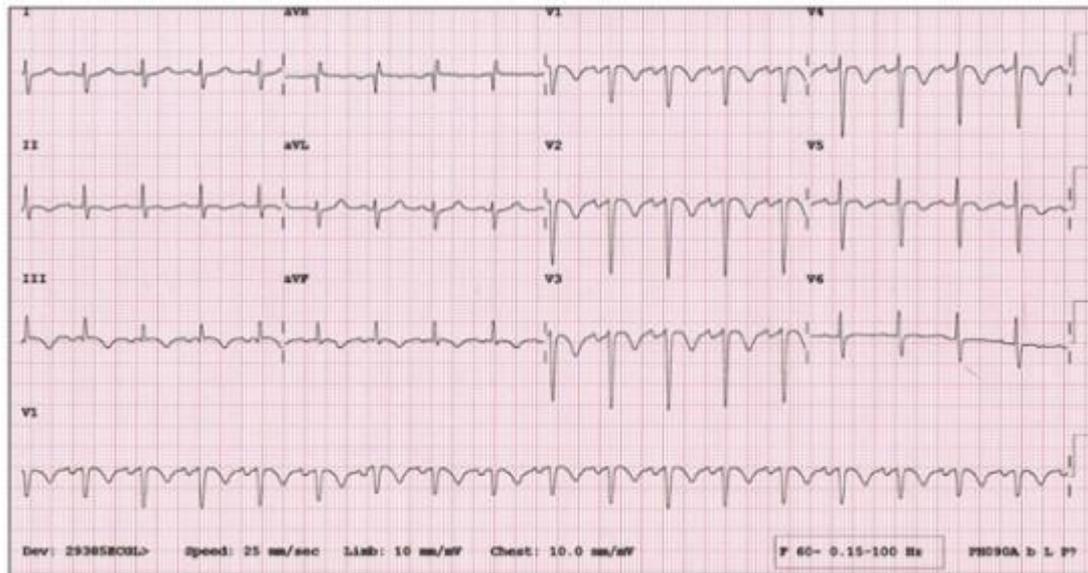


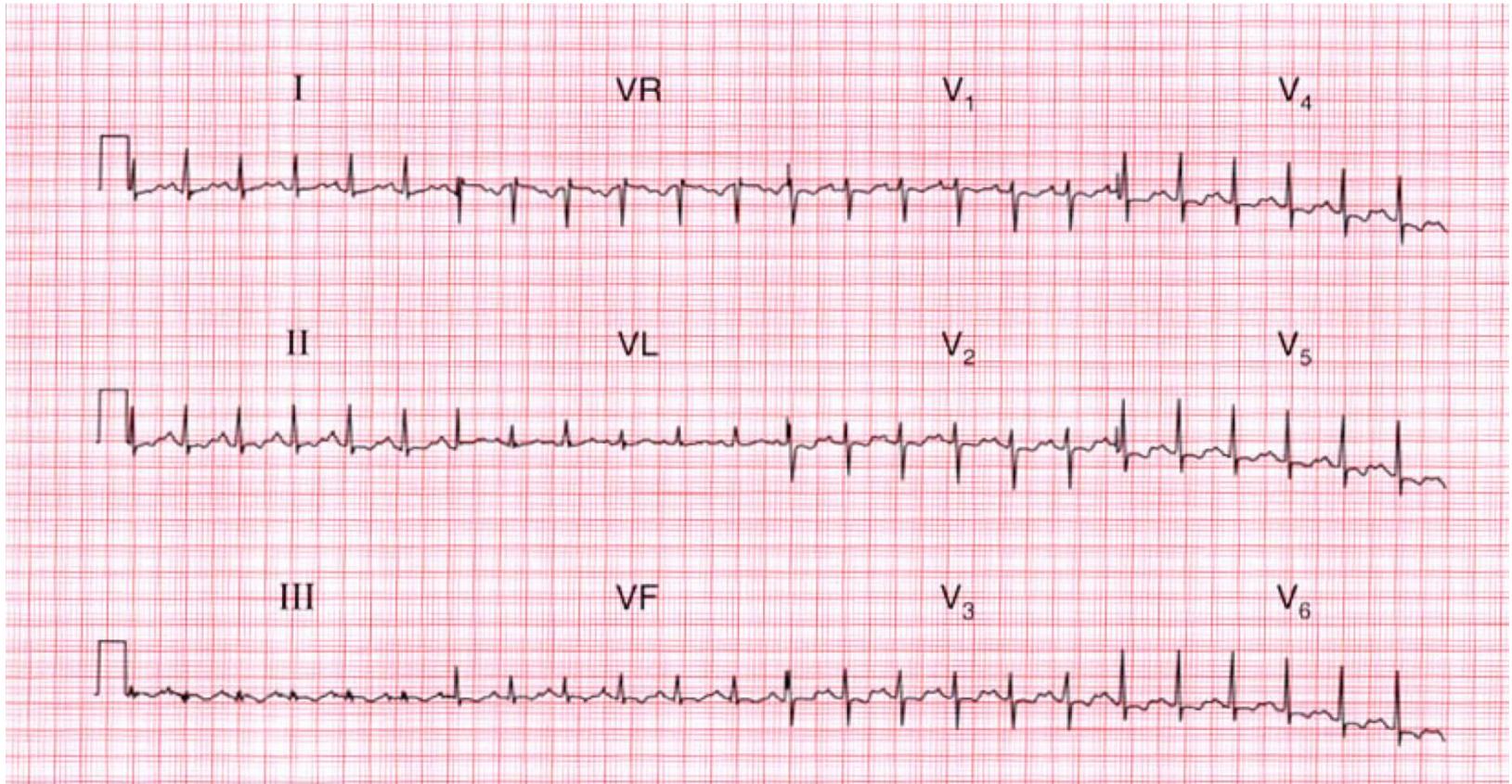
- T wave inversion (more than 2 mm)
- ST depression (more than 0.5 mm)
- Hyper acute T (more than 5mm in limb leads and 10 mm in precordial leads)
- ST elevation (more than 1 mm in limb leads and 2 mm in precordial leads)
- LBBB (wide QRS in negative QRS in V1)

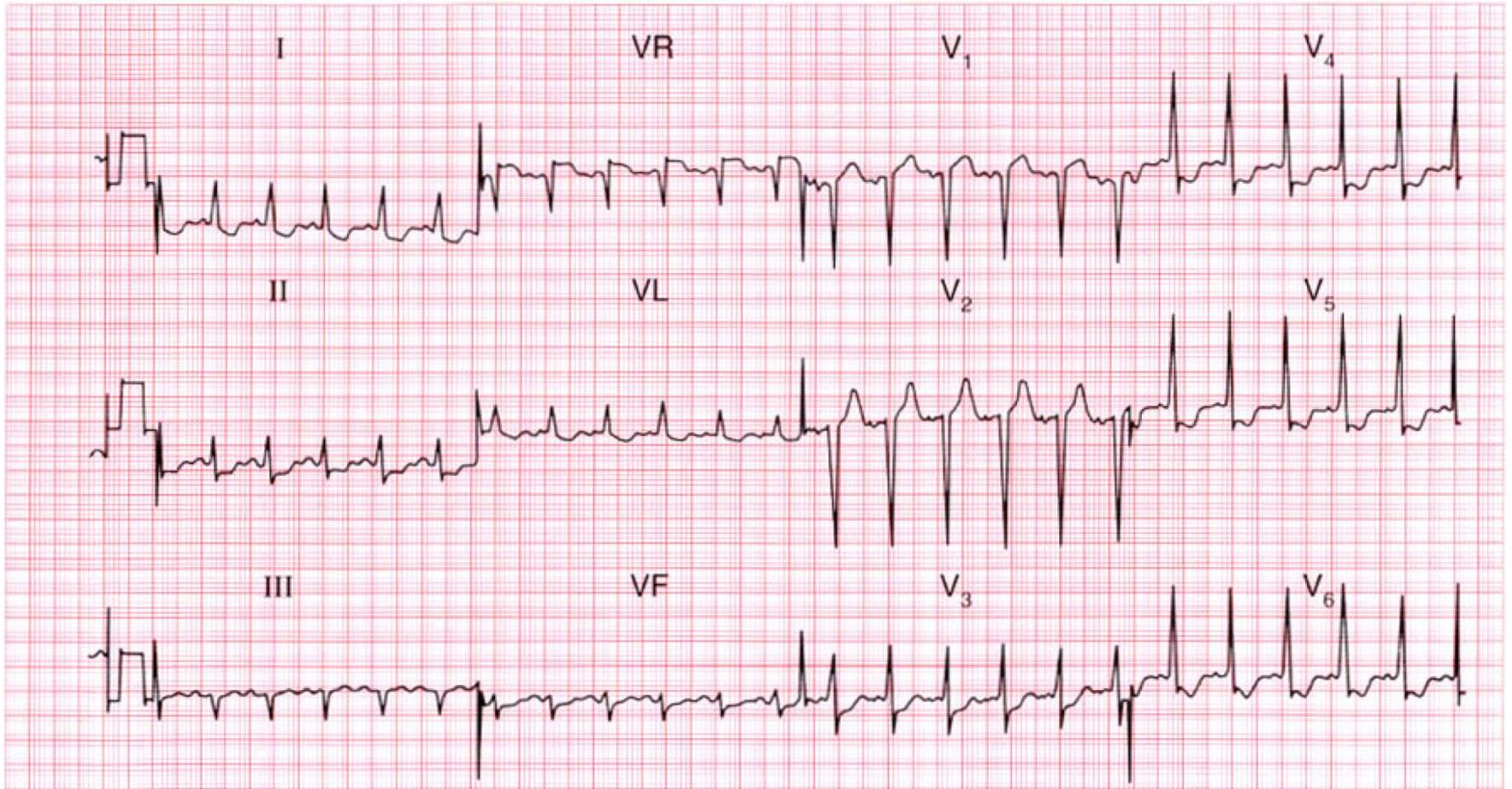
Normal ECG

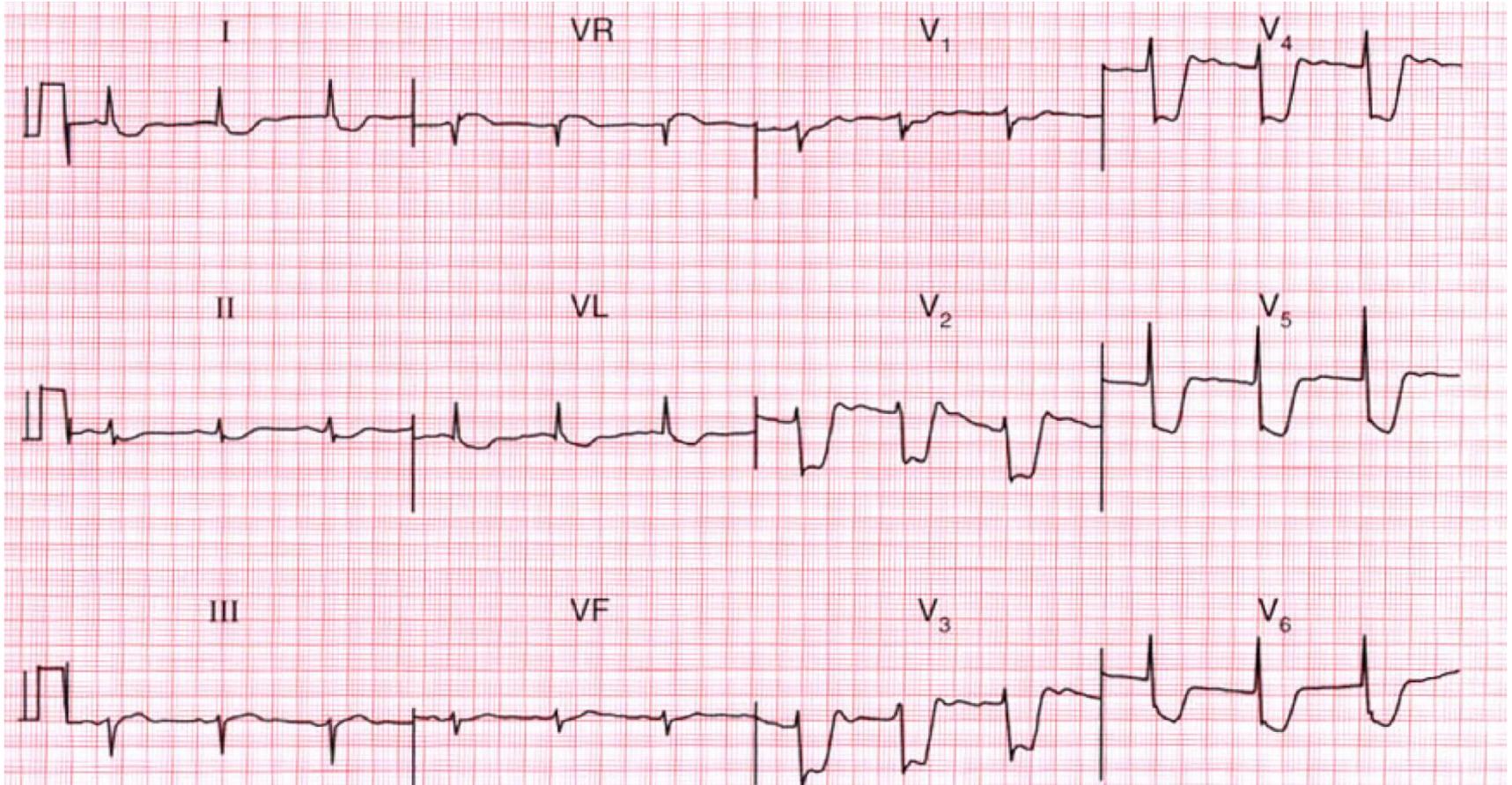


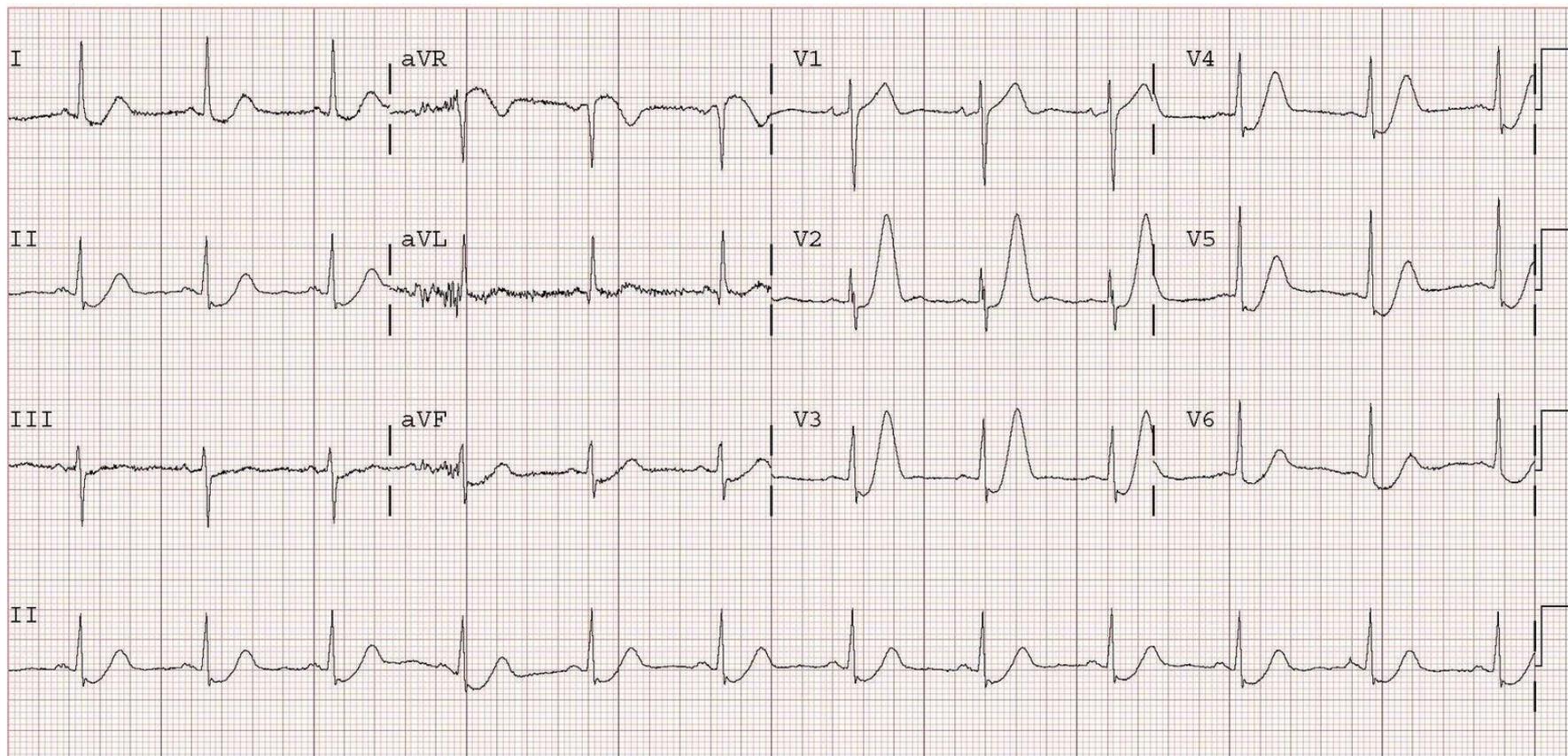


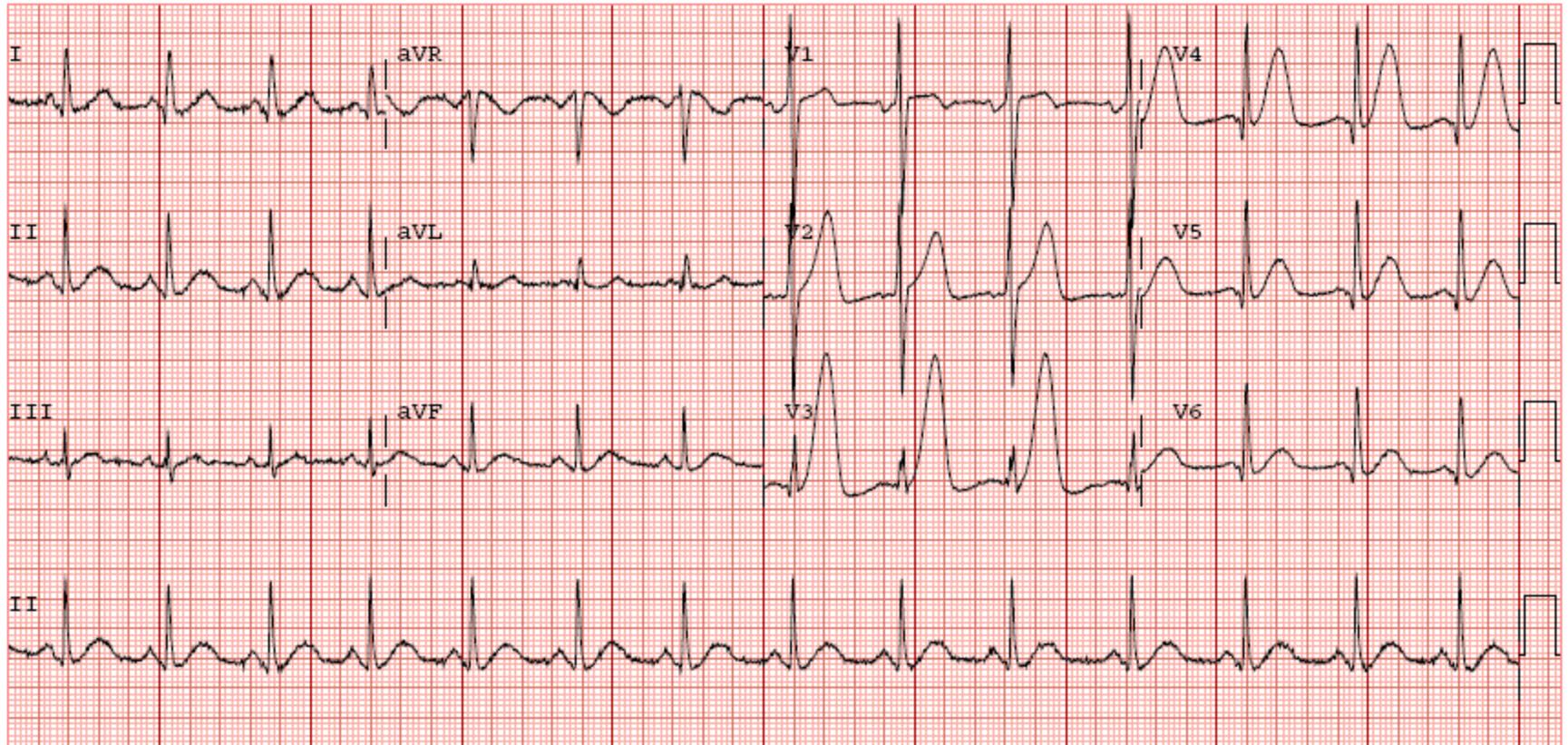


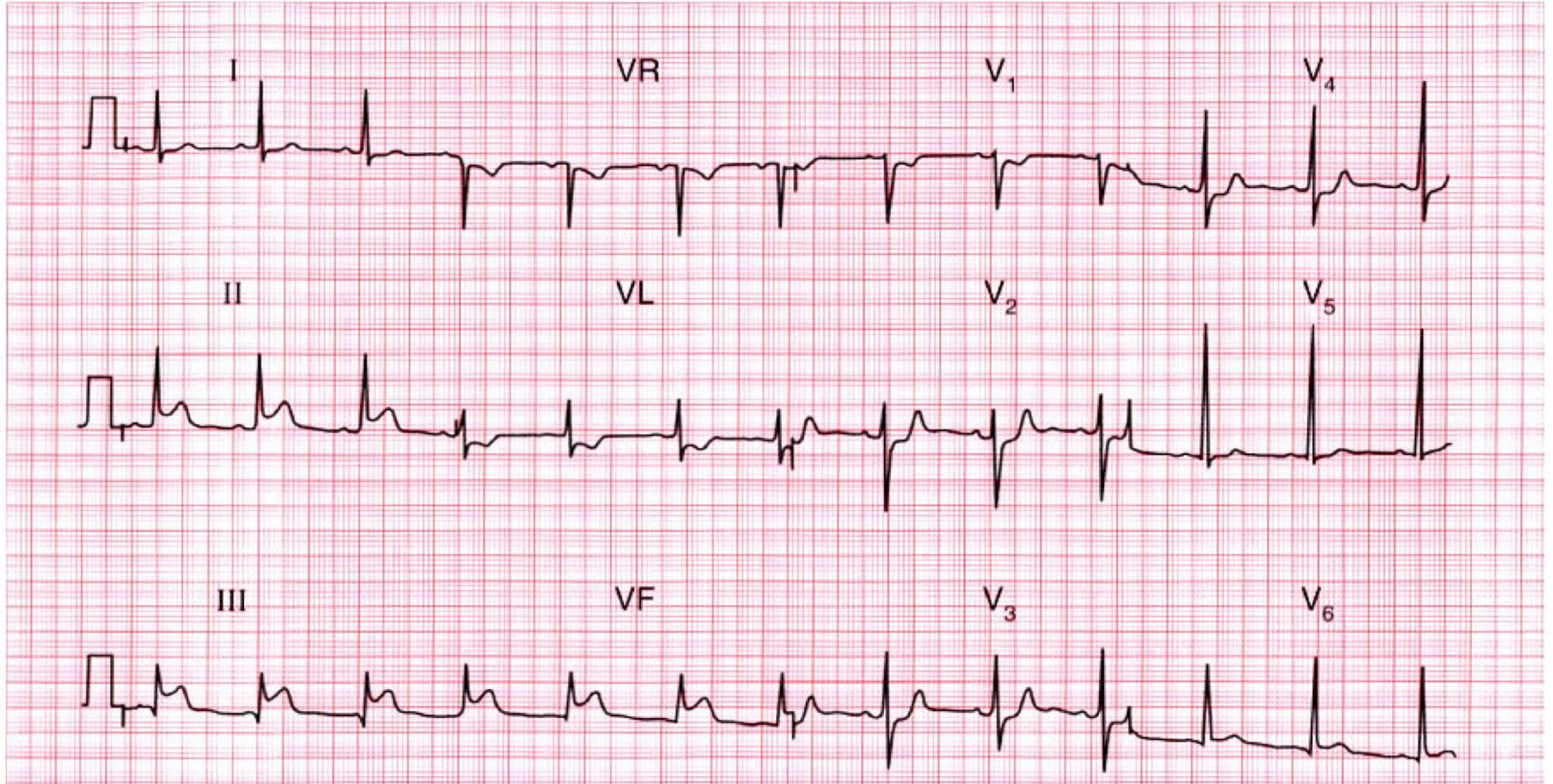


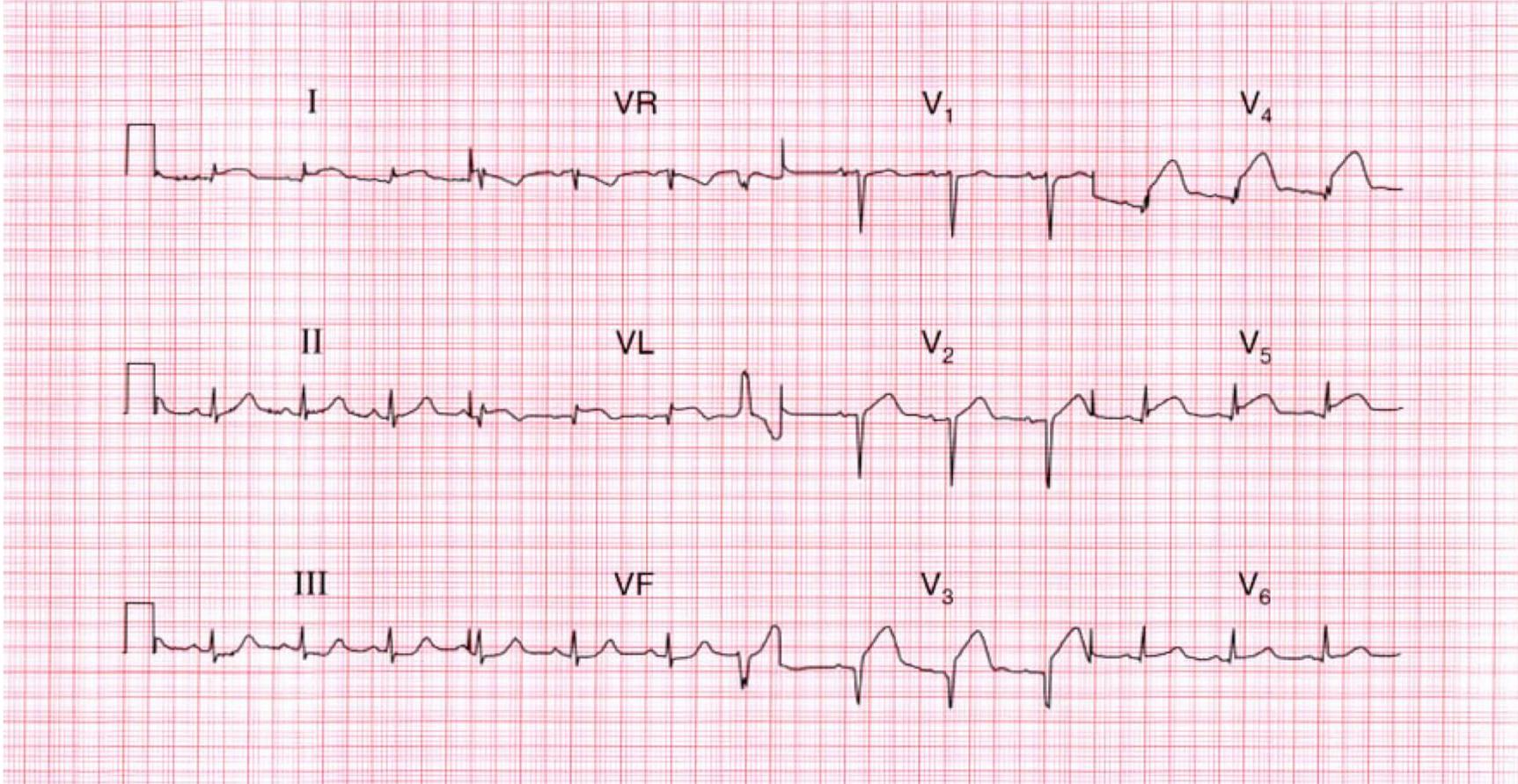


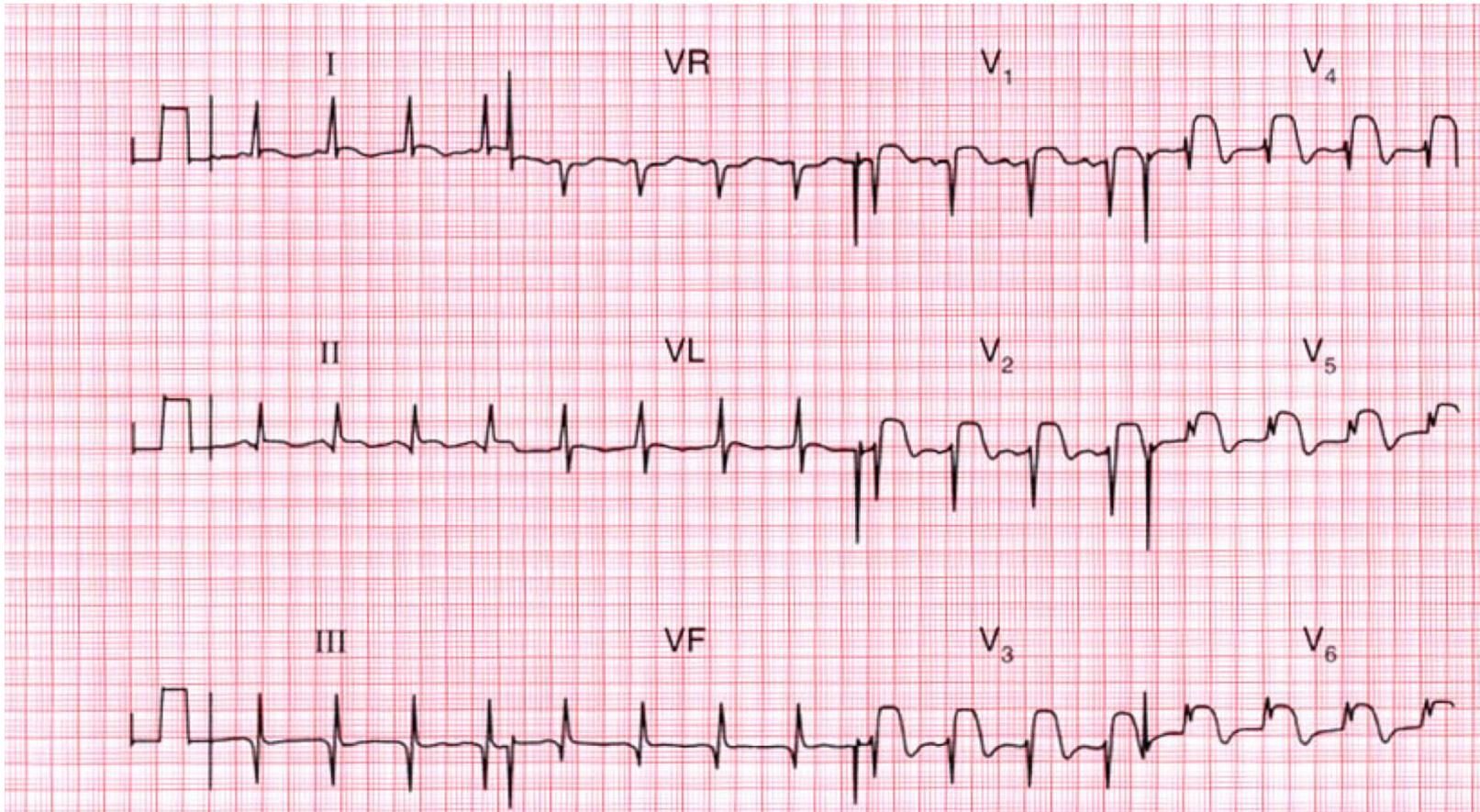


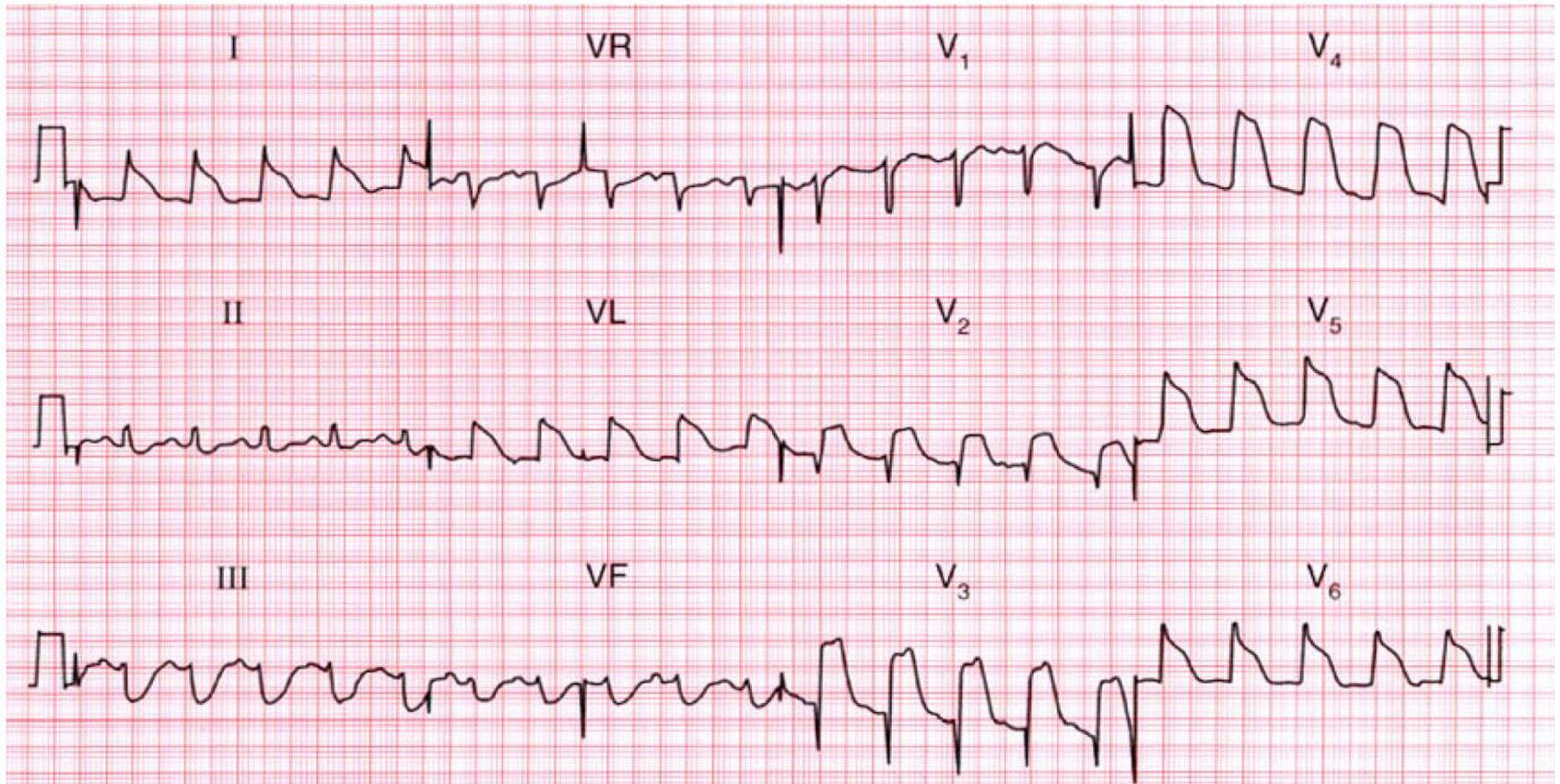


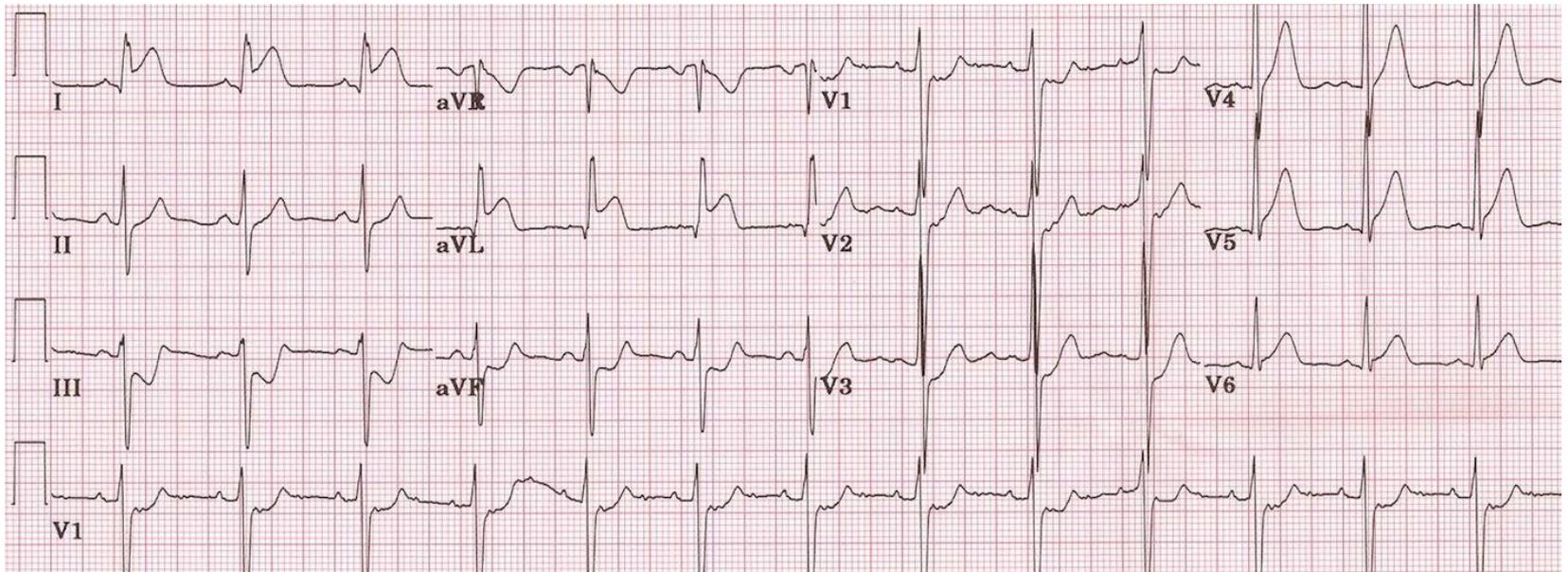


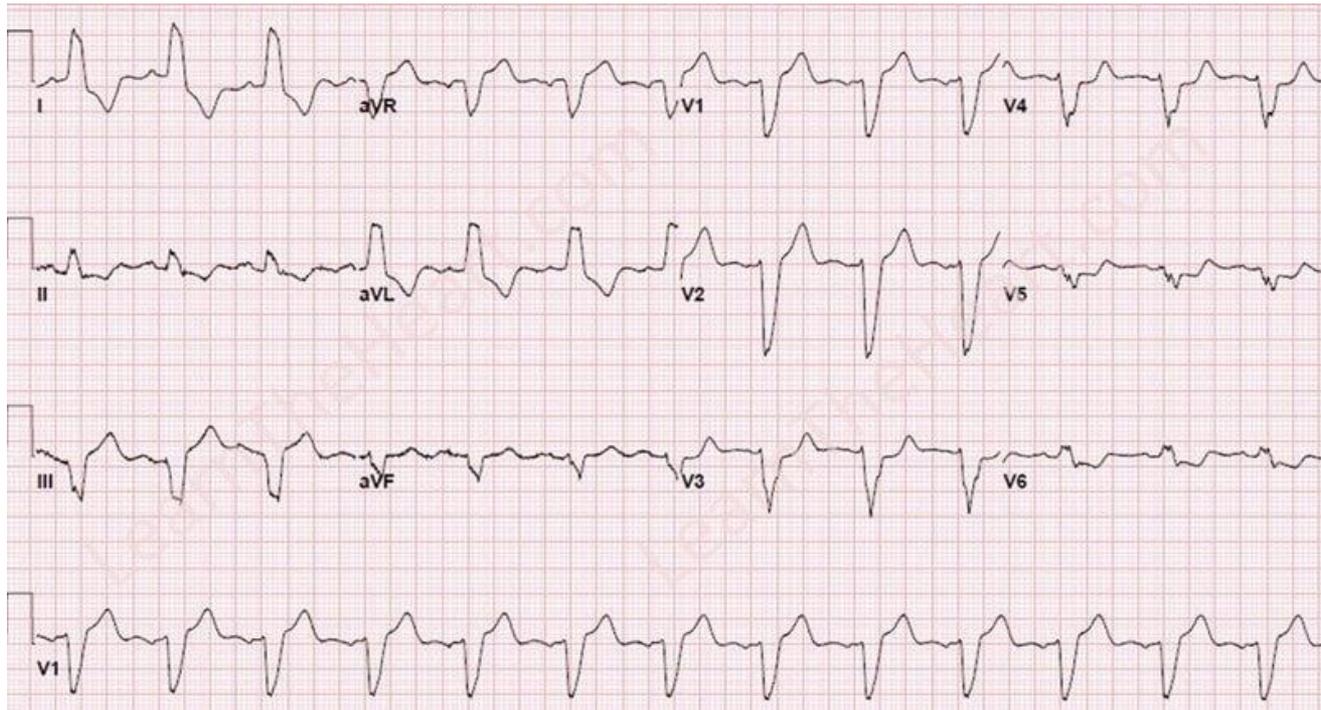












Thanks for your attention