



UOHI Protocol For Very Early Discharge of STEMI Patients

**Very Early Discharge for STEMI Patients
ie between 20 & 36 hours
(Across midnight only once)**

INCLUSION CRITERIA*

Clinical on Admission

1. Age \leq 75 yrs
2. Systolic BP \geq 90 mm Hg
3. Heart rate \leq 100 b/min
4. Killip class = 1
5. Creatinine Clearance \geq 60 ml/min
6. No history of prior stroke
7. No history of cardiac arrest (OHCA or in-hospital)

Cath Lab

3. Post cath/PCI TIMI flow = 3
4. LV EF \geq 40 (or by 2D Echo)
5. Absence of Left Main or severe 3 vessel CAD

After Cath/PCI

1. No recurrence of ischemic symptoms
2. No significant arrhythmias (included non-sustained VT, AFib)
3. No need for mechanical support (ie IABP)

Step 1. Assess patient to ensure they meet the inclusion criteria for Very Early Discharge

Step 2. Patient Qualifies for Very Early Discharge

Step 3. Case to be discussed with Staff MD and must be approved by the staff MD

Step 4. Patient is referred to Cardiac Telehealth and enrolled into the ACS IVR system (phone call to 67050 or fax 613-696-7150 or EPIC in-basket message to Cardiac Telehealth)

Step 5. Discharge Medications reviewed with patient

Step 6. Stop Light Tool provided to patient

Step 7. Cardiology Discharge Book provided or directed to external website for the discharge book.

Step 8. Notify Cardiology Nursing Coordinator of Very Early Discharge

Step 9. Discharge Patient

Step 10. Follow up in 4-6 weeks with Interventionalist who performed the PCI.