



## NSTEMI or Unstable Angina Transfer Protocol

Call University Hospital Transfer Center **1-877-236-4828**

### Immediate Orders

- Call to activate transport
- Insert 2 large bore IV lines (preferably on left side)
- Draw blood for CBC, BMP, Troponin, aPTT, and PT/INR
- Infuse NS at 30 mL/hr
- Administer oxygen to keep SaO<sub>2</sub> > 90%
- Administer the following medications (unless contraindicated):
  - Aspirin 324 mg (81 mg x 4 chewable tabs) PO or 300 mg PR
  - Atorvastatin 80 mg PO
  - Heparin:
    - Bolus: 60 units/kg (max of 4,000 units)
    - Maintenance: 12 unit/kg/hr (max of 1,000 units/hr)
    - **Note: Heparin is preferred over Enoxaparin (Lovenox®)**
  - Ticagrelor 180 mg (90 mg x 2 tabs) PO – **OR** – Clopidogrel 600 mg (300 mg x 2 tabs) PO
    - **Note: Ticagrelor (Brilinta®) is preferred over Clopidogrel (Plavix®). Do NOT administer both drugs.**
- Package patient for transfer



### Other Medications / Considerations

- Nitroglycerin
  - Sublingual: 0.4 mg Q5 minutes for up to 3 doses
  - Intravenous: 10-200 mcg/min, titrate to pain relief
  - Do NOT administer SL or IV Nitroglycerin if RV infarct, SBP ≤ 90 mmHg, HR < 50 bpm, or use of PDE-5 inhibitor (Sildenafil, Tadalafil, Vardenafil) within 24-48 hours
- Metoprolol 5 mg IV Q10 minutes for up to 3 doses
  - Do NOT administer Metoprolol if SBP < 120 mmHg; HR < 60 bpm; HR > 110 bpm; AV block, or signs of heart failure or shock
- Morphine sulfate 2-4 mg IV prn pain
- Ondansetron 4 mg IV Q8 hours prn nausea