



Summary of NICE Guidelines

Title	Myocardial infarction with ST-segment elevation.
NICE Reference	CG167
Date of Review:	
Date of Publication	July 2013
Summary of Guidance (Max 250 words)	<p>This guideline offers best practice advice on the care of adults with acute ST-elevation myocardial infarction (STEMI).</p> <p>The highest priority in managing STEMI is to restore adequate coronary blood flow as quickly as possible by administering coronary reperfusion therapy: either a fibrinolytic drug or a primary percutaneous coronary intervention (PCI).</p> <p>Primary PCI should be the treatment of choice provided it can be delivered within the required timescale.</p> <ul style="list-style-type: none">• Immediately assess eligibility (irrespective of age, ethnicity, sex or whether still unconscious) for coronary reperfusion therapy in people with STEMI and deliver the treatment as quickly as possible.• Offer coronary angiography, with follow-on PCI, if presentation is:<ul style="list-style-type: none">○ Within 12 hours of the onset of symptoms and PCI can be delivered within 120 minutes of the time when fibrinolysis could have been given.○ Within 12 hours of the onset of symptoms, in people with acute STEMI and cardiogenic shock.○ More than 12 hours after the onset of symptoms and there is evidence of continuing myocardial ischaemia.• Offer fibrinolysis if PCI cannot be delivered within 120 minutes, and the patient presents within 12 hours.• For those treated with fibrinolysis, offer an electrocardiogram 60-90 minutes after administration. In those who have residual ST-segment elevation suggesting failed coronary reperfusion:<ul style="list-style-type: none">• Offer immediate coronary angiography, with follow-on PCI.• Do not repeat fibrinolytic therapy.• If a person has recurrent myocardial ischaemia after fibrinolysis, seek immediate specialist cardiological advice and, if appropriate, offer coronary angiography, with follow-on PCI.
Impact on Lab (See below)	■ None
Lab professionals to be made aware	N/A

Please detail the impact of this guideline (Max 150 words)	This NICE guideline offers best practice advice on the care of adults with STEMI and does not involve pathology services; therefore the implementation of this therapy has no real impact on current laboratory provision.
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Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.