

# ACS Treatment (STEMI) Cheat Sheet

by jnguyen via cheatography.com/92803/cs/20589/

#### MONA

Morphine

Oxygen

Nitroglycerin

Aspirin

### Antiplatelet

Dual antiplatelet therapy is highly recommended in the treatment of STEMI to support primary PCI and fibrinolytic treatment strategies

aspirin

## P2Y12 Inhibitor

Administered as early as possible or at the time of PCI

clopidogrel (Plavix)

prasugrel (Effient)

ticagrelor (Brilinta)

#### **Anticoagulants**

Anticoagulation therapy should also be initiated with either PCI or fibrinolytic therapy for the treatment of STEMI. Treatment should be given for a minimum of 48 hours and up to eight days

bivalirudin (Angiomax)

enoxaparin (Lovenox)

fondaparinux (Arixtra)

unfractionated heparin

### Glycoprotein Ilb/Illa inhibitors

Have shown benefit when used during PCI in persons with STEMI and as an adjunct to PCI in persons with NSTE-ACS; however, triple antiplatelet therapy has been associated with an increased risk of bleeding

> tirofiban (Aggrastat) eptifibatide (Integrilin)

abciximab (Reopro)

### Beta Blockers

Started within 24 hours in patients with **STFMI** 

carvedilol

metoprolol

#### **ACE Inhibitors**

Should be administered within the first 24 hours to all patients with heart failure, STEMI with anterior location, or ejection fraction less than 40%, in the absence of contraindications to therapy

captopril

lisinopril

## Statin

Continuing or initiating high-intensity statin therapy is recommended, even in patients with baseline low-density lipoprotein cholesterol levels less than 70 mg per dL

atorvastatin

### **Discharge Medications**

DAPT - aspirin + P2Y12-i (atleast a year for stent)

anticoagulants (up to 8 days or as directed by provider)

beta blocker (indefinitely)

ACEi/ARB (indefinitely)

high intensity statin (indefinitely) nitroglycerin (PRN)



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