

### 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 IIb/IIIa inhibitors

**Have shown benefit when used during PCI in persons with STEMI and as an adjunct to PCI in persons with NSTEMI-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 STEMI**

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 (at least 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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