

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 (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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