

## **Acute Myocardial Infarction (AMI)**

### **Aspirin at Arrival**

Administer Aspirin within 24 hrs before or after arrival **or** Document a reason for NO Aspirin on arrival.

Reasons:

- Allergy
- Pre-arrival Coumadin/warfarin or Pradaxa/dabigatran
- Other explicitly documented reason by the physician/PA/APN/Pharmacist (i.e. "No aspirin given in ED, Pt took earlier today")

### **Aspirin at Discharge**

Prescribe Aspirin at discharge **or** Document a reason for NO Aspirin at discharge.

Reasons:

- Allergy
- Coumadin/warfarin or Pradaxa/dabigatran at discharge
- Other explicitly documented reason by the physician/PA/APN/Pharmacist (i.e. "No aspirin due to bleeding history")

### **ACEI/ARB at Discharge for LVSD**

Prescribe EITHER ACEI or ARB at discharge for pts with EF <40% or moderate/severe LVSD; **or** Document a reason for No ACEI AND No ARB at discharge.

Reasons:

- Allergy
- Moderate or severe aortic stenosis [counts for BOTH]
- Other explicitly documented reason by the physician/PA/APN/Pharmacist (If ACEI & ARB are NOT prescribed at discharge, then the reason has to refer to Both)
- Physician/APN/PA/Pharmacist documentation that either an ACEI or an ARB was not given due to one of the following 5 conditions [counts for BOTH]:
  - Angioedema
  - Hyperkalemia
  - Hypotension
  - Renal artery stenosis
  - Worsening renal function/renal disease/dysfunction

### **Beta – Blocker at Discharge**

Prescribe a Beta Blocker at discharge **or** Document a reason for No beta-blocker at discharge.

Reasons:

- Allergy
- 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block on arrival EKG or during stay without pacemaker
- Other explicitly documented reason [including Bradycardia] by Physician/APN/PN/Pharmacist (i.e. "No beta blocker at discharge due to hypotension")

## **AMI**

### **Fibrinolytic Therapy** (Fibrinolysis/Reperfusion)

Applies to pts with ST-segment elevation or LBBB noted on EKG performed closest to hospital arrival. Give within 30 minutes of earliest hospital arrival **or** Document a reason for the delay.

Reasons:

- Balloon pump; cardiopulmonary arrest; intubation (automatic exclusions if within 30 minutes after hospital arrival)
- Patient or caregiver refusal
- Other reasons that include BOTH the notation of the delay AND the underlying (non-system related) reason  
(i.e. “thrombolysis delayed due to pt waiting for family prior to decision making”)

### **Primary PCI**

Applies to pts with ST segment elevation or LBBB noted on EKG performed closest to hospital arrival. Perform within 90 minutes of hospital arrival **or** Document a reason for the delay.

Reasons:

- Balloon pump; cardiopulmonary arrest; intubation (automatic exclusions if within 90 minutes after hospital arrival)
- Patient or caregiver refusal
- Other reasons that include BOTH the notation of the delay AND the underlying (non-system related) reason  
(i.e. “PCI delayed due to awaiting CT results to rule out bleed”)

### **Statin Prescribed at Discharge**

Prescribe a Statin at discharge **or** Document a reason for No Statin at Discharge.

Reasons:

- Allergy to or complication related to Statins
- LDL <100 mg/dL [either direct or calculated] within 24hrs after hospital arrival or 30 days prior to hospital arrival
- Patient or family refusal
- Other explicitly documented reason by Physician/APN/PA/Pharmacist. The reason must be linked to no statin prescribed at discharge:  
Arrhythmias                      Hepatic Failure  
Hypoglycemia                      Rectal Hemorrhage  
Rhabdomyolysis  
(i.e. “Chronic liver failure – statins contraindicated”)

### **LDL-c Cholesterol Assessment**

Documentation of LDL-c Cholesterol level from testing done within the first 24 hours after hospital arrival or within 30 days prior to hospital arrival.

Special Note: “Comfort Measures Only” excludes cases from all measures except fibrinolysis and PCI.