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
- 2nd or 3rd 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.