STEMI

Airway	• Ensure airway is patent	• Try airway manoeuvres if obstructed – head tilt chin lift/ jaw thrust +/- airway adjuncts (guedel/NP airway).
Breathing	• Tachypnoea. • Low O2 saturations. • Crackles ? Pulm oedema.	• Oxygen via NRBM 15l/min – titrate sats to 94-98%. • Chest X-ray • Arterial blood gas
Circulation	• ↑HR, ↑JVP, ↓BP •ST elevation > 1mm in 2 corresponding limb leads/2mm chest leads/new LBBB	• URGENT referral to cardiology for consideration of PCI • X2 large bore IV cannulae & bloods (FBC, U&E, LFT, clotting, G&S, VBG, troponin). • 12-lead ECG. • Aspirin & clopidogrel 300mg, GTN 2 puffs SL if SBP >90
Disability	• Blood glucose.	• Check blood glucose. • Morphine 1-10mg IV for pain in 2-3mg boluses with antiemetic (metoclopramide 10mg IV)
Exposure	• Frothy sputum – Left HF • Pedal oedema – Right HF	• If signs of **left** ventricular failure seen consider diuretics, in **right** ventricular failure consider fluids. • On going pain CALL FOR HELP & consider GTN infusion.