

Diagnosis and Management

of

ST-Elevation Myocardial Infarction (STEMI)

Standard Operating Procedure

Special Region (1)

Union of Myanmar

Version: 1.0

Applies to: ER, Medical Wards, ICU

Released date: July 2025

Review date: July 2027

1. PURPOSE

To provide a rapid, standardized, life-saving protocol for STEMI management in resource-limited settings.

2. CORE PRINCIPLE

TIME = MYOCARDIUM

Fibrinolysis is the default reperfusion strategy in SR 1 region.

3. DEFINITION

STEMI = Acute myocardial infarction with ST elevation due to coronary occlusion.

ECG Criteria

- ST elevation ≥ 1 mm in ≥ 2 contiguous leads
- OR new LBBB with ischemic symptoms
- Posterior MI: ST depression V1–V3 + tall R

4. INITIAL ASSESSMENT

- ABC stabilization
- ECG within 10 minutes
- IV access $\times 2$

5. EMERGENCY MANAGEMENT

Drug	Dose	Notes
Aspirin	300 mg chew	Immediately
Clopidogrel	300 mg loading (<75 yr) / 75 mg (>75 yr)	Dual antiplatelet
Oxygen	Only if SpO ₂ < 90%	Avoid routine use
Morphine	2–5 mg IV	Severe pain only
Nitrates	SL GTN	Avoid if hypotension/RV MI
Beta-blocker	e.g. Metoprolol	If stable

6. REPERFUSION

PCI unavailable → Fibrinolysis mandatory

7. FIBRINOLYSIS

Streptokinase 1.5 million units IV over 60 minutes

8. CONTRAINDICATIONS

Intracranial hemorrhage, recent stroke, active bleeding

9. POST-THROMBOLYSIS

Aspirin, Clopidogrel, Statin, ACE inhibitor, Beta-blocker, Enoxaparin

Note: Immediately expansion after thrombolysis → monitor

10. MONITORING

ECG monitoring, watch for complications

Complications and management

Complication	Management
VT/VF	Defibrillation
Cardiogenic shock	Fluids ± inotropes
Pulmonary edema	Diuretics + oxygen
Bleeding	Stop anticoagulants

11. TRANSFER

Transfer to PCI center when feasible

12. REFERENCES

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