



Oklahoma Heart Institute

Discharging the Post-MI/PCI Patient: The needed checklist and follow- up plan

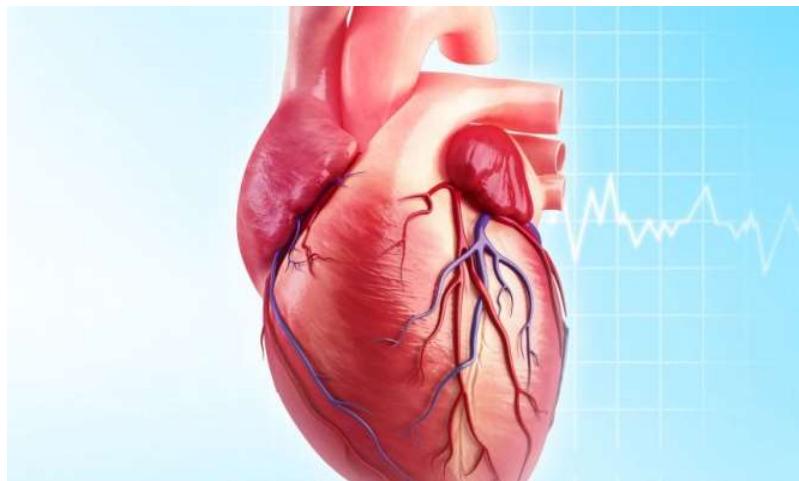
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No Disclosures

Overview



- ✓ Patient overview
- ✓ Testing
- ✓ Medications
- ✓ Patient education
- ✓ Follow-up

The Patients

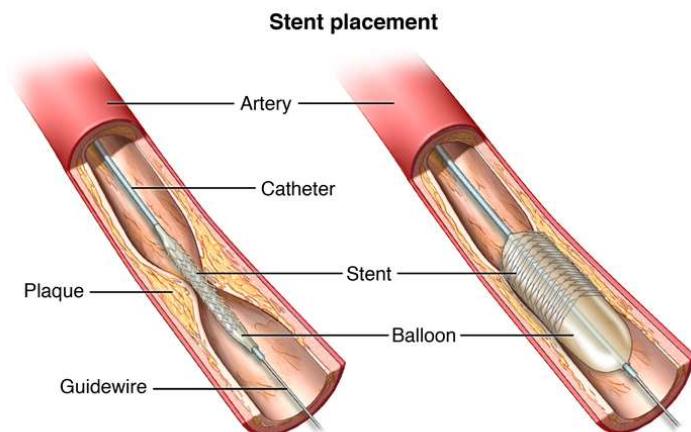
- Acute coronary syndrome
 - STEMI
 - NSTEMI
 - Unstable angina
- Outpatient coronary intervention



Usual Hospital Course



- Cardiac catheterization
 - Femoral or radial artery access
 - Percutaneous coronary intervention- e.g. stent placement, balloon angioplasty

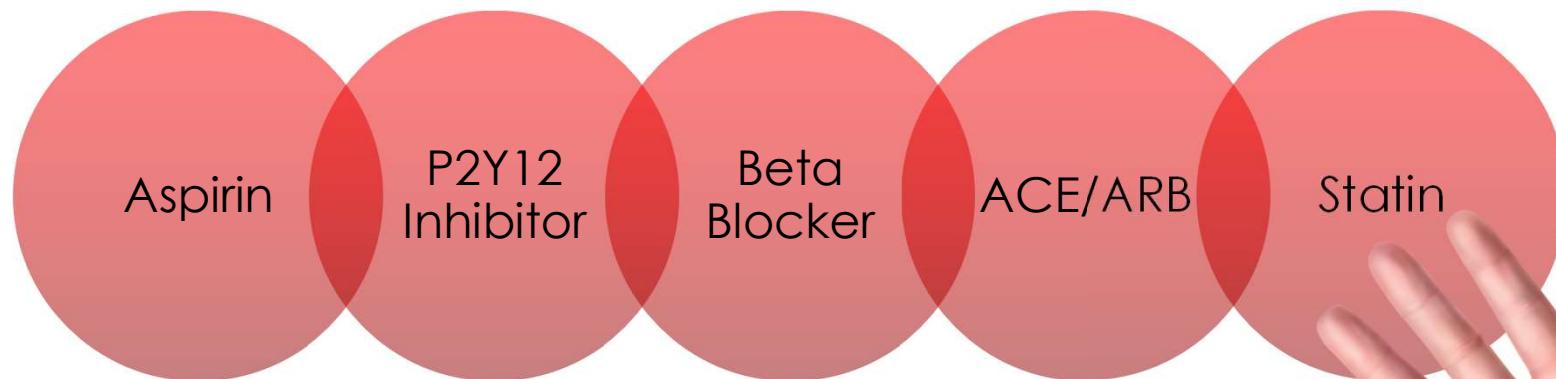


✓Testing



- ✓ EKG post-intervention
 - New baseline
 - Persistent ST-elevation- LV aneurysm
 - Arrhythmias
- ✓ Evaluate LV function
 - Echocardiogram
 - Cardiac MRI
- ✓ Labs
 - Renal function- contrast-induced nephropathy
 - Anemia
 - Groin hematoma, retroperitoneal bleed
 - Bleeding
 - Electrolytes

Medications



Medication

Aspirin 81mg

PCI
GETS
DAPT!

DAPT



✓Medications: DAPT



- Duration of DAPT
 - STEMI/NSTEMI: 12 months
 - Stable ischemic heart disease
 - Angioplasty only or bare metal stent: 30 days
 - Drug-eluting stent: 6 months
- Medical management STEMI/NSTEMI: 12 months



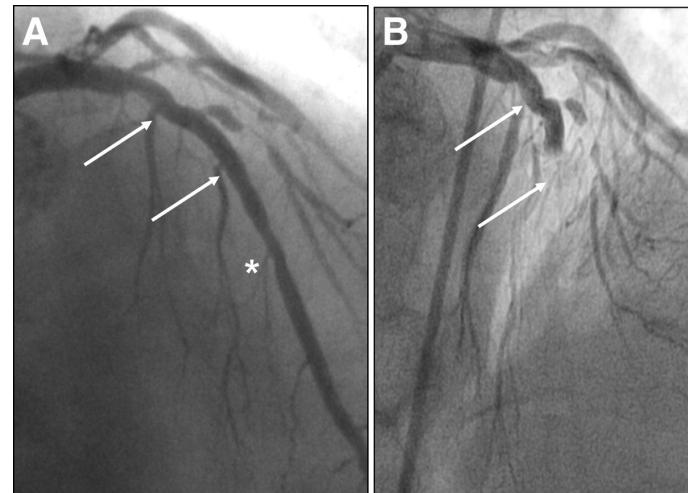
✓Medications: DAPT



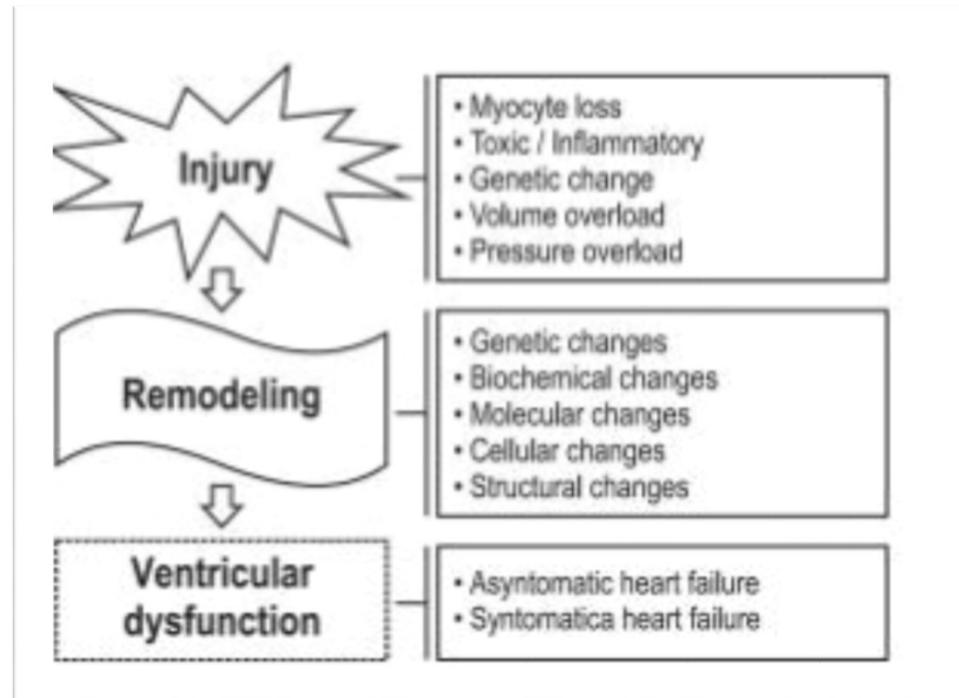
- No DAPT = Stent thrombosis

- ✓ DAPT

- ✓ Ordered
- ✓ Prescribed
- ✓ Affordable
 - Clopidogrel \$9 Wal-Mart
 - Case management



✓Medications: BB, ACE/ARB



- **Cardiac remodeling:** change in size, mass, geometry and function of the heart
- Beta blockers and ACE/ARBs can decrease or reverse remodeling

Azevedo, P. S., Polegato, B. F., Minicucci, M. F., Paiva, S. A. & Zornoff, L. A. M. (2016). Cardiac Remodeling: Concepts, Clinical Impact, Pathophysiological Mechanisms and Pharmacological Treatment. *Arq Bras Cardiol* 106(1), 62-69

✓ Medications: BB, ACE/ARB



✓ Beta blockers

- Increase survival
- Decrease ischemia, reinfarction and ventricular dysrhythmias
- Reduced EF: carvedilol, metoprolol succinate or bisoprolol

✓ ACE

- Can use ARB if intolerant to ACE
- Reduced mortality and MACE even with normal EF

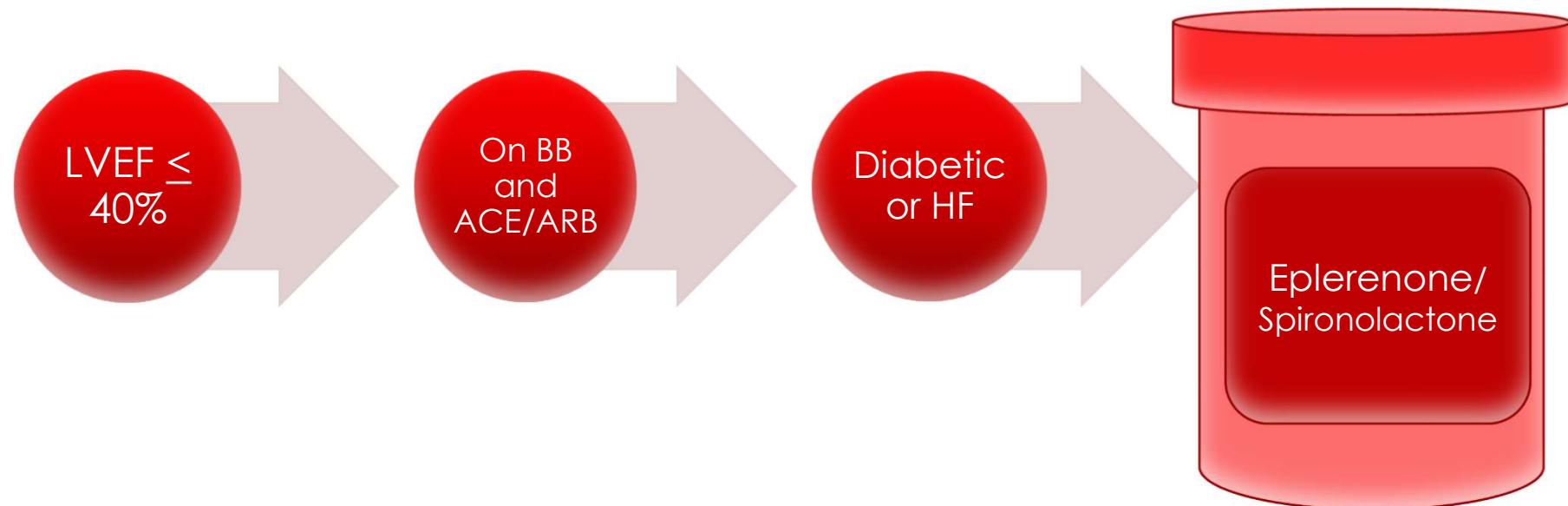
Medications: Statin



- ✓ High-intensity statin
 - Atorvastatin (Lipitor) 40mg, 80mg
 - Rosuvastatin (Crestor) 20mg, 40mg
- Beneficial even if LDL cholesterol <70
- Reduced risk CV death, recurrent MI, stroke, coronary revascularization



Medications: Aldosterone Antagonist



Medications: Nitrate



- ✓ Nitroglycerine sublingual or spray
- One nitro every 5 minutes, up to 3 doses
- If still chest pain after 3 doses, call 9-1-1





Document why standard not met!



Patient not on beta blocker secondary to...



✓Patient Education: Access Site

✓ Wound care

- Remove dressing after 24 hours
- Keep clean and dry
- Don't submerge in water for 1 week

✓ Activity

- No heavy lifting, bending, strenuous activity for 1 week (48 hours radial)
- Soreness lasts ~1 week

✓ When to seek medical attention:

- Signs of infection: fever, redness, swelling, discharge
- Increasing hematoma, severe bruising
- Increasing pain
- Coolness, numbness, tingling
- Bleeding- hold firm pressure, call 9-1-1

Patient Education: Risk Factors



Tobacco Use

- Tobacco cessation

Diabetes

- A1C <7%

Hypertension

- BP <130/80

Dyslipidemia

- LDL <70

Physical inactivity

- 150 min moderate exercise per week

Obesity

- Weight loss

✓Follow-up

- ✓ Cardiology follow-up
 - Usually within 2-4 weeks
 - Follow-up within 6 weeks = better medication compliance 90 days and 1 yr¹
- ✓ Cardiac rehab referral



¹-Faridi, K. F., Peterson, E. D., & McCoy, L.A. (2016). Timing of First Postdischarge Follow-up and Medication Adherence After Acute Myocardial Infarction. *JAMA Cardiol.* 1(2), 147-155.

✓Follow-up Visit

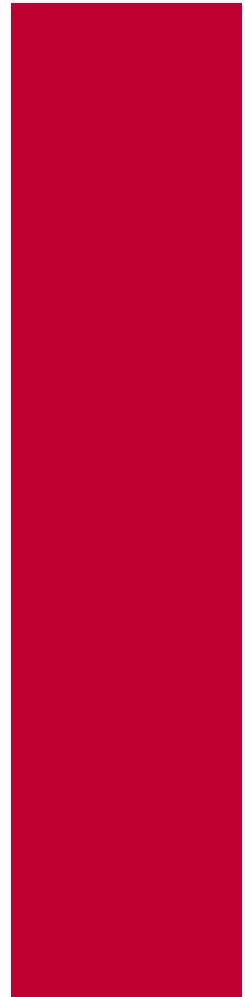


- ✓ Medication compliance
- ✓ Guideline-based medications
- ✓ Access site
- ✓ Risk factor modification





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Thank you!



References



- Amsterdam et al. (2014) 2014 AHA/ACC Guidelines for the Management of Patients with Non-ST-Elevation Acute Coronary Syndromes. *JACC*, 64(24), e139-e228.
- Azevedo, P. S., Polegato, B. F., Minicucci, M. F., Paiva, S. A. & Zornoff, L. A. M. (2016). Cardiac Remodeling: Concepts, Clinical Impact, Pathophysiological Mechanisms and Pharmacological Treatment. *Arq Bras Cardiol* 106(1), 62-69.
- O'Gara et al. (2013) 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction. *JACC*, 61(4), e78-140.