

Primary Percutaneous Coronary Intervention (PPCI) Assessment Checklist and Pathway

This document will be filed in the patient's case notes at the PPCI centres



Manchester University
NHS Foundation Trust

ALL QUESTIONS MUST HAVE '**YES**' ANSWER FOR A DIRECT REFERRAL VIA THE PPCI HOTPHONE
(please tick ✓ appropriate answer)

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Patient has had symptoms characteristic of a heart attack (continuous pain in a typical distribution of 15 minutes duration or more that has built up gradually rather than abruptly and is not influenced by breathing) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 2. Symptoms started less than 12 hours ago?
Date and time of onset of chest pain: <table border="1"><tr><td>Date:</td><td>Time:</td></tr></table> | Date: | Time: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Date: | Time: | | | |
| 3. ECG shows ST elevation ≥ 1 mm in two contiguous (adjacent) limb leads or ≥ 2 mm in two contiguous chest leads | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 4. Patient is conscious, coherent and able to understand that he/she will be transferred to the Heart Attack Centre to receive Primary PCI | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| 5. Referral been discussed with a Consultant or Registrar at the referring hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |

Full Name of Consultant/Registrar:

GMC Number:

**Send a copy of the ECG via Pando to
GM Primary PCI Service**

If '**Yes**' to ALL 5 questions, **immediately** call
NWS on **0345 140 0144**
and state that you require an
'**Immediate PCI Transfer**'

If '**No**' to any of the above questions or **LBBB** or
Posterior MI or **significant comorbidities**¹ or
impaired GCS², discussion with the Registrar at the
PPCI Centre is mandatory.

Alert the PPCI Centre on the 'PPCI Hotline'
Oxford Road Campus: 0161 701 1417
Wythenshawe Campus: 0161 291 6076

Working Hours: 08:00hrs to 17:30hrs Monday to Friday. During
these hours **Oldham** should refer to **Oxford Road Campus**.

Out-of-Hours: 17.30hrs to 08.00hrs Monday to Thursday and
17.30hrs to 08.00hrs Friday to Monday and Bank Holidays,
please refer to the PPCI On-Call Rota as to which PPCI Centre
is on-call.

Contact the on-call Cardiology Registrar at the
PPCI centre.

Oxford Road Campus: 0161 276 1234- Bleep 4004

Wythenshawe Campus: 0161 998 7070

Working Hours: 08:00hrs to 17:30hrs Monday to Friday. During
these hours **Oldham** should refer to **Oxford Road Campus**.

Out-of-Hours: 17.30hrs to 08.00hrs Monday to Thursday and
17.30hrs to 08.00hrs Friday to Monday and Bank Holidays,
please refer to the PPCI On-Call Rota as to which PPCI Centre
is on-call.

1. Prepare the patient for a safe and immediate transfer to the PPCI Centre.
2. Complete the PPCI Proforma information on the reverse of this page.
3. Ensure all relevant documentation (including this Proforma and a copy of the first diagnostic ECG) is sent with the patient.

If accepted for PPCI **immediately** call NWS on
0345 140 0144
and state that you require an
'**Immediate PCI Transfer**'

PLEASE NOTE THE FOLLOWING

1. Significant comorbidities which may make PPCI undesirable include active bleeding; severe PVD; chronic renal failure; COPD and other chronic or life-threatening disease.
2. Cardiac arrest patients who are successfully resuscitated and able to give verbal consent (GCS 15) can still be referred directly via the PPCI Hotline.

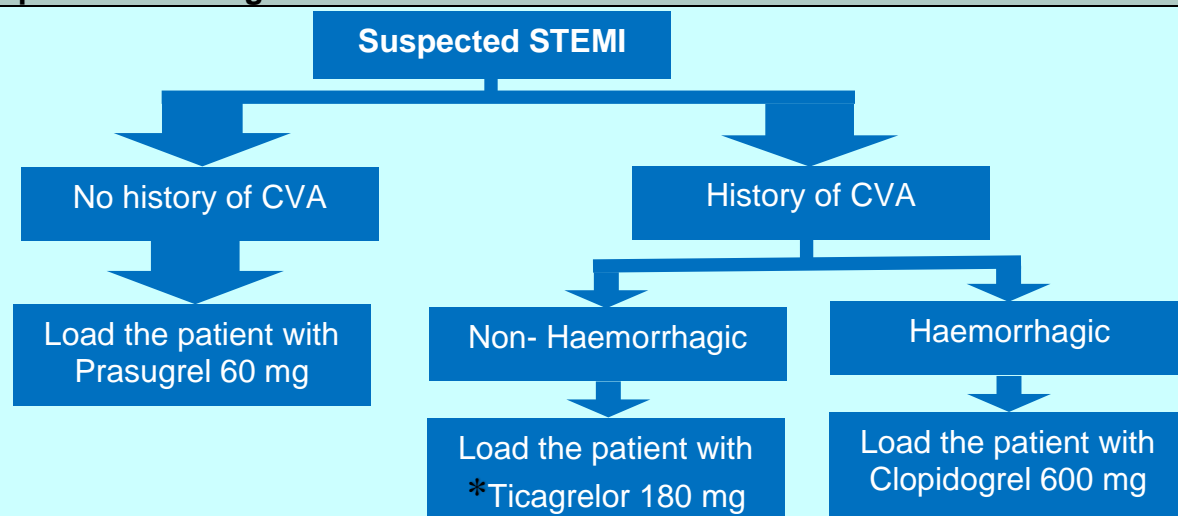
Patient's Details:

Please affix patient sticker here:

Name: _____

Date of Birth: ____/____/____

NHS Number: _____

Mode of Arrival:Ambulance: ☐Self Presenter ☐Incident Number: Date and time of arrival: Date: Time: **Please send copy of NWAS EPR****Allergies:****Dual Antiplatelet Loading for PPCI:**

*If moderate to severe Liver disease, please use Clopidogrel instead of Ticagrelor
In the event of an out of hospital cardiac arrest consider avoiding Prasugrel if there is concern about head injury.

Please tick which dual antiplatelet drugs have been given.For example: Aspirin & Prasugrel **or** Aspirin & Ticagrelor **or** Aspirin & Clopidogrel

Aspirin	<input type="checkbox"/>	Prasugrel	<input type="checkbox"/>	Ticagrelor	<input type="checkbox"/>	Clopidogrel	<input type="checkbox"/>
---------	--------------------------	-----------	--------------------------	------------	--------------------------	-------------	--------------------------

Please document below any other drugs administered:

Drug	Dose	Drug	Dose	Drug	Dose
Drug	Dose	Drug	Dose	Drug	Dose

Any other relevant information:Blood Glucose: INR: (if available)