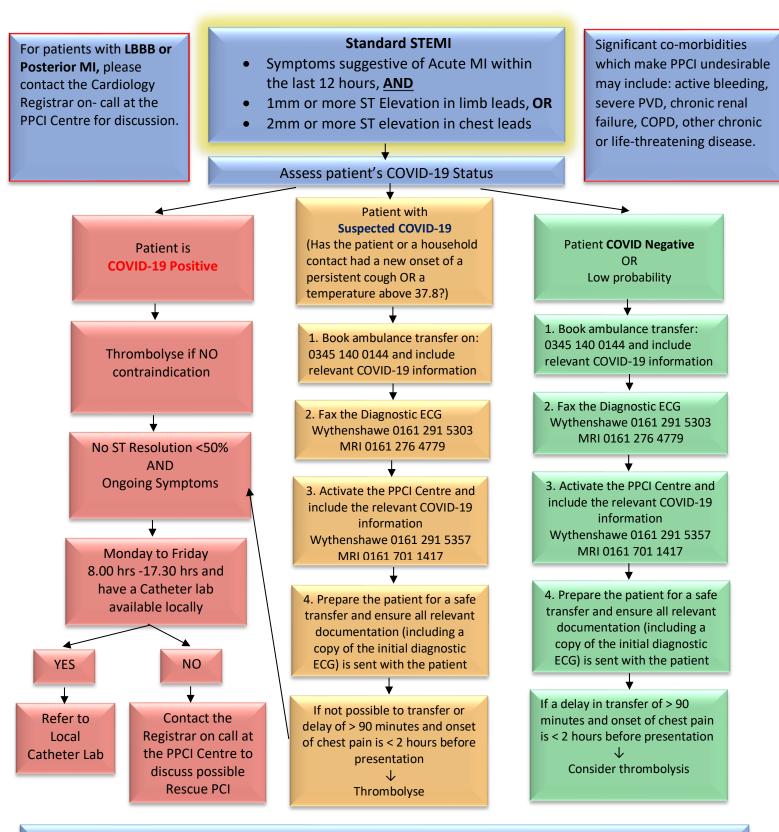
## Primary Percutaneous Coronary Intervention (PPCI) Pathway for Acute Myocardial Infarction during the COVID-19 outbreak



For Bury and Wigan: If unable to transfer, refer to local Cardiology Team for PPCI in the local lab (during the working hours)

Working Hours: 08:00hrs to 17:30hrs Monday to Friday.

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 Tertiary Centre is on-call.

Cardiology Registrar on call:

MRI: 0161 276 1234 -Bleep 4004

Wythenshawe Switchboard: 0161 998 7070

| Patient's Details:   |           |                |              |                |        |              |
|--|-----------|----------------|--------------|----------------|--------|--------------|
| Please affix patient sticker here:   |           |                |              |                |        |              |
| Name:  |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
| Date of Birth:/  |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
| NHS Number   |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
| Dual Antiplatelet Loading for PPCI   |           |                |              |                |        |              |
| Has the patient a history of: - Intracerebral haemorrhage  |           |                |              |                |        |              |
| - Moderate-severe liver disease<br>- Or currently taking strong CYP3A4 inhibitors, e.g. clarithromycin, ketoconazole       |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
| NO YES   |           |                |              |                |        |              |
| Has the patient a history of any   |           |                |              |                |        |              |
| Load patient with  CVA or TIA or cerebral bleed?  Or   |           |                |              |                |        |              |
| Ticagrelor 180mg (two 90mg tablets)  a history of severe liver disease?  |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
| NO YES   |           |                |              |                |        |              |
| Load patient with Load patient with  |           |                |              |                |        |              |
|  |           |                |              | grel 60mg      |        | rel 600mg    |
| Please tick which drugs have been given. For example: Aspirin & Ticagrelor or Aspirin & Prasugrel or Aspirin & Clopidogrel |           |                |              |                |        |              |
| Aspirin 300mg Ticagrelor 180mg   |           |                | Prasi        | ugrel 60mg     | Clopic | dogrel 600mg |
|  |           |                |              |                | Оюри   |              |
| Please document bel  | ow any of | ther drugs     | s administer | Dose Dose      | Drug   | Dose         |
|  |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
| Drug   | Dose      | Drug           |              | Dose           | Drug   | Dose         |
|  |           |                |              |                |        |              |
| Clinical Details:  |           |                |              |                |        |              |
| Allergies:   |           |                |              |                |        |              |
| _  |           |                |              |                |        |              |
| Blood Glucose:   |           | INR: □         |              | (if available) | )      |              |
| Biood Gidood.  |           | " <b>\</b> \\\ |              | (ii available) | )      |              |
| Any other relevant clinical information:   |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
|  |           |                |              |                |        |              |
|  |           |                |              |                |        |              |