Top Ten Things To Know
About the Management of ST-Elevation Myocardial Infarction

1. The 2012 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction is a comprehensive revision of the prior 2004 Guideline, incorporating both prior recent updates and the latest data on ST-segment elevation MI (STEMI).

2. STEMI comprises 25-40% of the 683,000 U.S. patients diagnosed with acute coronary syndrome each year.

3. STEMI is a clinical syndrome defined by characteristic symptoms of myocardial ischemia in association with persistent electrocardiographic (ECG) ST elevation and subsequent release of biomarkers of myocardial necrosis.

4. The concept of “door-to-balloon time” or “door-to-needle time” has been revised to the terminology of “first medical contact (FMC)-to-device time.”

5. Particular emphasis within this guideline includes advances in reperfusion therapy, organization of regional systems of care, transfer algorithms, evidence-based antithrombotic and medical therapiess, and secondary prevention strategies to optimize patient-centered care.

6. The use of numerous pharmacotherapies shown to decrease morbidity and mortality are discussed including beta-receptor blockers, ACEI inhibitors and ARBs, aldosterone antagonists, and statins.

7. Importance is placed on immediately calling 911. Patient delay in reporting symptoms is one of the greatest obstacles to timely and successful care.

8. Emergency medical technicians are encouraged to perform electrocardiograms in the field to facilitate rapid triage and treatment.

9. The use of hypothermic cooling protocols to treat patients who suffer cardiac arrest in the context of STEMI is encouraged either before or at the same time of cardiac catheterization.

10. A comprehensive table included in the guideline document emphasizes the post hospital plan of care considerations including referral for cardiac rehabilitation, smoking cessation, cholesterol management, social needs, depression, and cultural and gender-related factors that may contribute to outcomes.


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