Protocols and Processes for AMI Care

Hospitals should have evidence-based protocols and processes in place for AMI care, which continuously align with clinical guidelines. Some examples of protocols and processes include standard order sets, rapid-response team processes, and other risk-mitigation strategies. Tools may be developed by quality improvement committees and coordinated with pre- and post-hospital providers\(^1\). Below is a list of protocols and processes a hospital may find useful to have on file.

**SUGGESTED PROTOCOLS AND PROCESSES**

Please email [SurvivingMI@ACC.org](mailto:SurvivingMI@ACC.org) to share your hospital's best practices.

- Protocol for STEMI team responsibilities
- Transfer to PCI hospital protocol
- Walk-in with chest pain protocol (rapid ECG)
- One-call activation of cardiac catheterization laboratory by ER/EMS protocol
- Cardiac catheterization activation by cardiologist protocol
- In-hospital STEMI protocol
- Cardiac catheterization lab protocols:
  - Management of patients with impaired renal function
  - Management of contrast allergic patients and contrast reactions
- Thrombolytic protocol
- Post AMI protocols
- Discharge protocols

**OPPORTUNITIES FOR TRAINING**

- New fellows
- In-service training
- Grand rounds

**ITEMS TO REGULARLY REVIEW TO KEEP PROTOCOLS AND PROCESSES UPDATED**

- ACC/AHA Guidelines
- ACC/AHA Performance Measures
- Contraindications
- Drug interactions
- New drugs and technologies in the market
- Improvements in hospital-specific policies and processes based on internal feedback

**References**