 <p>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</p>	Document Type	Document Code: POL-ICP-016
	POLICY	Effective Date: APRIL 2020
	Document Title	Revision Number: 0
	POLICY FOR THE MANAGEMENT OF ACUTE MYOCARDIAL INFARCTION IN PHC DURING COVID-19 CRISIS	Page: 2 of 3

I. STATEMENT OF THE POLICY

This policy shall serve as a guide to the doctors and nurses assigned at the ER to ensure protection from infection while managing patients with Acute Myocardial Infarction (AMI)


II. GUIDELINES

1. NSTEMI Patients

- 1.1 All patients shall be screened by the adult cardiology fellow immediately upon arrival. Proper PPE shall always be worn by all personnel.
- 1.2 COVID-19 suspect patients shall be evaluated and managed at the COVID ER. Non - COVID-19 suspect patients shall be evaluated and managed at the regular ER
- 1.3 Proper risk stratification on the treatment of AMI based on existing recommendation shall be made.
- 1.4 Plain High Resolution CT scan shall be requested for patients with typical history and infiltrates on chest X ray suggestive of COVID 19 disease
- 1.5 Based on stratification, patients shall be admitted at designated wards.
 - 1.5.1 COVID-19 suspect patients shall be admitted at COVID-19 ward or ICU (depending on risk stratification)
 - 1.5.2 Non – COVID 19 suspect patients shall be admitted at non – COVID-19 ward or ICU (depending on risk stratification)
- 1.6 Standard treatment shall be given in all patients
- 1.7 Patients not responding to medical treatment with high risk features on clinical and risk scoring systems (Grace, TIMI scoring system) shall be referred to the Invasive Cardiology Division for possible emergent or urgent invasive strategy

2. STEMI Patients

- 2.1. All patients shall be screened immediately by the adult cardiology fellow upon arrival. Proper PPE shall always be worn by all personnel.
- 2.2 All COVID 19 suspect patients shall be evaluated and manage at the COVID ER. All Non – COVID-19 - suspect patients shall be evaluated and manage at regular ER.
- 2.3 Standard treatment shall be given based on current recommendations.
- 2.4 Thrombolysis shall be given to all patients who presented with < 6 hours of index

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chest pain and will benefit from it. (Review indications and contraindications, activate Thrombolysis pathway). COVID-19 – suspect patients shall undergo thrombolysis at designated COVID-19 ICU. Non – COVID-19 suspect patients shall undergo thrombolysis at the regular ER.

- 2.5 Patients who presented with > 6 hours of index chest pain with persistent symptoms despite initial treatment or with high risk features on risk stratification shall be referred to the Invasive Cardiology Division for emergency coronary angiography and primary PCI.
- 2.6 Appropriate monitoring shall be applied to all patients.