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Applying New ACC/AHA Guidelines for STEMI in 2008

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UP TO 1 AMA PRA CATEGORY 1 CREDIT™

This activity is designed for cardiologists, hospitalists, internists, primary care physicians, emergency medicine physicians, and other interested healthcare professionals.

When a patient presents to the emergency department with ST-elevation myocardial infarction, or STEMI, the goal is to get the patient into the cath lab within 90 minutes or, if no lab is available, to initiate fibrinolysis within 30 minutes. This goal of rapid reperfusion, however, is only achieved in a minority of hospitals. Evidence-based guidelines have been developed by the ACC/AHA to address this time-to-reperfusion challenge and many others related to optimizing treatment for patients with STEMI. In this program, Dr. Pollack uses a case study to illustrate how the new guidelines for STEMI apply to clinical decision-making along the patient care continuum—from initial intake through patient discharge and long-term prevention of secondary events.

LEARNING OBJECTIVES

After taking part in this CME activity, participants should be better able to:

- Implement the ACC/AHA guidelines for STEMI at their institution
- Describe the therapeutic choices and the decision-making process supported by guidelines for patients who present with STEMI
- Discuss the relevance of Class I recommendations within the guidelines
- Develop a door-to-reperfusion quality campaign
- Report on the newer adjunctive antithrombotic strategies in the guidelines

CME CREDIT DESIGNATIONS

ACCME The Network for Continuing Medical Education (NCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA NCME designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP This activity has been reviewed and is acceptable for up to 1 Prescribed credit by the American Academy of Family Physicians. AAFP accreditation begins April 29, 2008. Term of approval is for one year from this date, with option for yearly renewal.

AOA This activity is eligible for up to 1 hour of credit in Category 2-A of the American Osteopathic Association.

SUGGESTED RESOURCES

- Antman EM, Anbe DT, Armstrong PW, et al. American College of Cardiology, American Heart Association, Canadian Cardiovascular Society. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction executive summary. A report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to revise the 1999 guidelines for the management of patients with acute myocardial infarction). *J Am Coll Cardiol.* 2004;44:671-719.
- Bradley EH, Herrin J, Wang Y, et al. Strategies for reducing the door-to-balloon time in acute myocardial infarction. *N Engl J Med.* 2006;355:2308-2320.
- King SB 3rd, Smith SC Jr, Hirshfeld JW Jr, et al. 2007 focused update of the ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *J Am Coll Cardiol.* 2008;51:172-209.
- Sabatine MS, Cannon CP, Gibson CM, for the CLARITY-TIMI 28 Investigators. Addition of clopidogrel to aspirin and fibrinolytic therapy for myocardial infarction with ST-segment elevation. *N Engl J Med.* 2005;352:1179-1189.
- Wijeyesundera HC, Vijayaraghavan R, Nallamothu BK, et al. Rescue angioplasty or repeat fibrinolysis after failed fibrinolytic therapy for ST-segment myocardial infarction: a meta-analysis of randomized trials. *J Am Coll Cardiol.* 2007;49:422-430.

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