

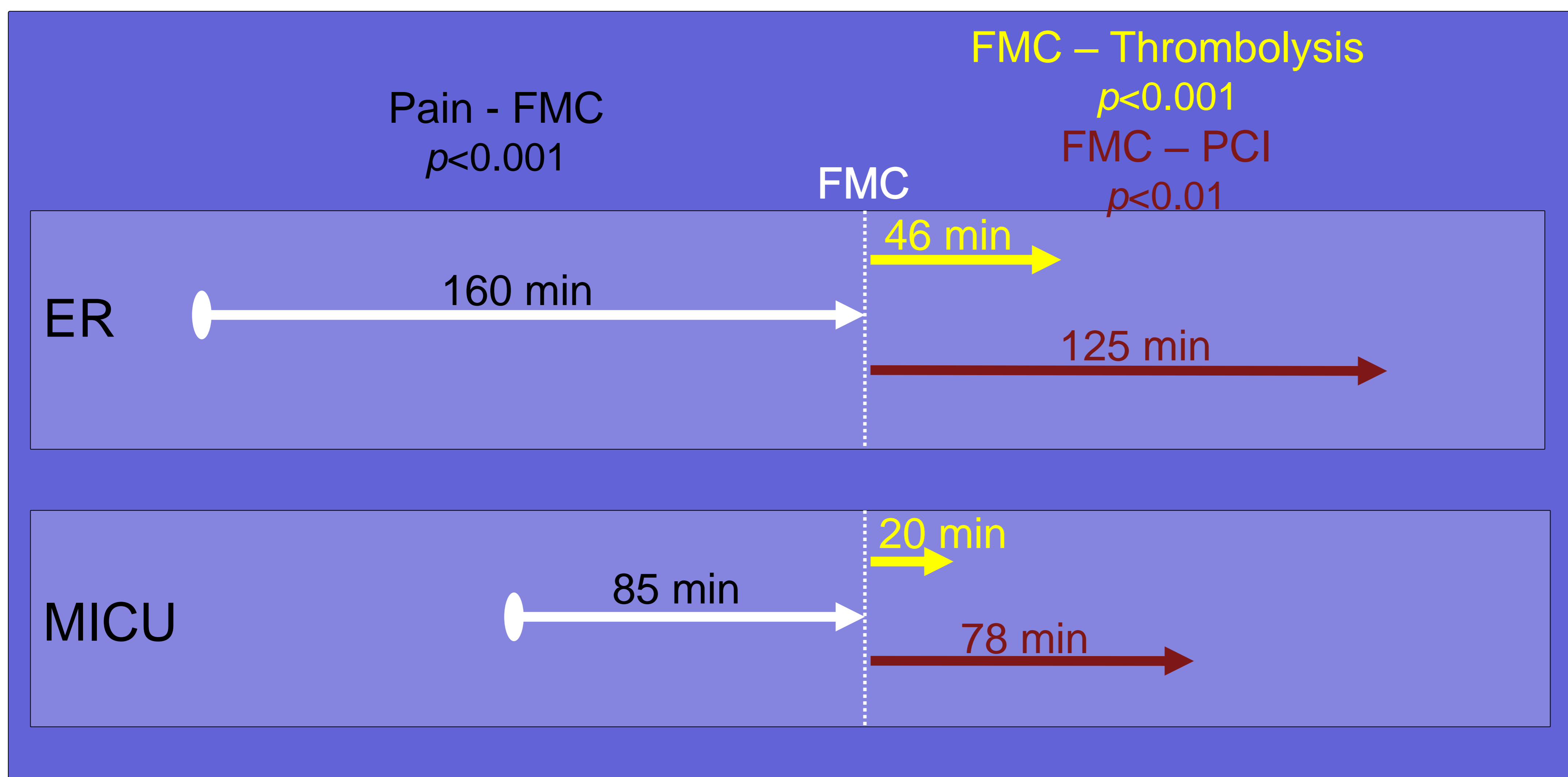
Assessment of the management of acute myocardial infarction in emergency room, compared to prehospital management.

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SUMMARY

Pre-hospital medical management of STEMI is believed to offer better outcome as compared to emergency department management. However, few data are available to document populations, on-site management and outcome in these two settings. 1630 patients were included in a prospective survey between February 2008 and June 2010: 1184 in Mobile Intensive Care Unit (MICU) and 446 in Emergency Room (ER). Management is similar in these two settings but delays between pain and first medical contact (FMC) and between FMC and revascularization were significantly increased in the ER pathway.

RESULTS

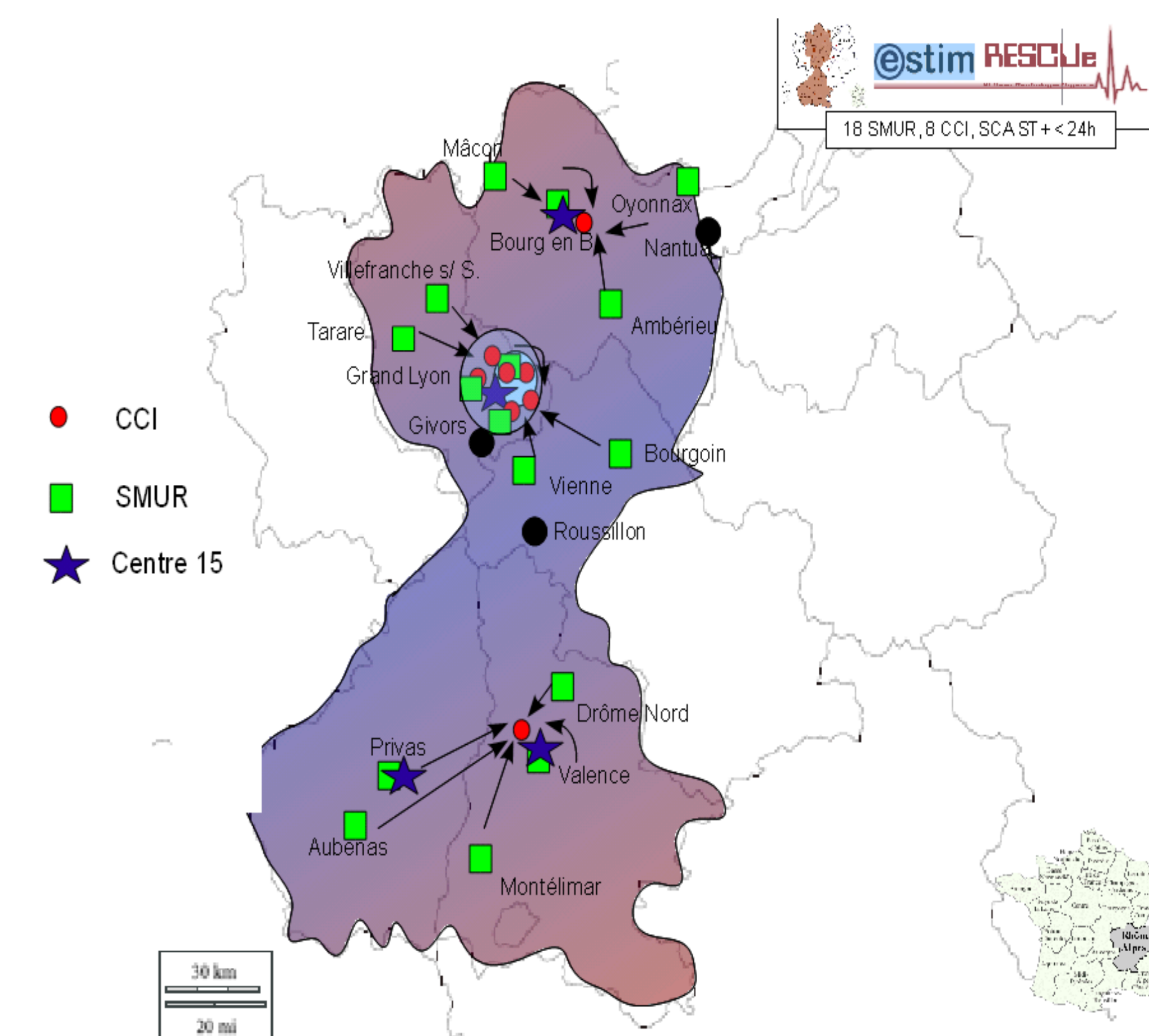


RESULTS

	ER	MICU	p
Number	446	1184	
Revascularization rate	95%	98%	NS
Primary PCI	67%	64%	NS
Thrombolysis	17%	24%	<0.01
Clopidogrel	89%	85%	NS
LMWH	73%	57%	<0.001
UFH	17%	35%	<0.001
ASA	90%	94%	NS

CONCLUSIONS

- National campaigns of awareness for the call to EMS must be deployed in order to reduce the time between pain and FMC.
- Training of emergency staff for management of the chest pain is necessary to reduce the time between admission and FMC, and from FMC to revascularization.
- In order to reduce time between FMC and PCI in the ER way transfer should be done by the local or nearest MICU.



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