

ECGs Prompting Activation/Consultation of PCI Team

Classic Criteria

Men < 40 years of age: 2.5 mm in V2-V3 and 1 mm in all other leads
Men > 40 years of age: 2 mm in V2-V3 and 1 mm in all other leads
Women: 1.5 mm in V2-V3 and 1 mm in all other leads

Left Bundle Branch Block

Unstable patient or
Concordant ST-Changes or
Discordant ST-Changes: Ratio of Deviation/(R or S) >0.25

New Right Bundle with LAFB

Inferior Wall MI

Elevation (even < 1mm) in two contiguous leads (II, III, aVF)
with any amount of ST segment depression in aVL

Right Ventricular Infarction

Suspect in Inferior with V1 Elevation (unless there is posterior MI)
V3R and V4R elevation ≥ 0.5 mm increases specificity

Posterior MI

Precordial ST-depression ≥ 1 mm maximal in leads V1-V4
Elevations ≥ 0.5 mm in V8 and V9 add specificity

High Lateral MI

Any degree of ST elevation in aVL with ST depressions in lead III (with or
without II and aVF)

MI or LVH?

Concordant ST Deviation or
Discordant ST Elevation > 17% (not lit based)

MI or Anterior Early Repolarization?

Download subtleSTEMI iPhone App or
Use calculator on hqmeded-ecg.blogspot.com

De Winter ST/T Complex

ST depression >1mm upsloping at the J-point in V1-V6
Tall T-waves and Normal QRS duration

Hyperacute T-Waves

Get serial ECGs—will evolve to STEMI Pattern
Consider Hyperkalemia

Diffuse ST Depressions with aVR Elevation

Activate if you can't achieve ST-depression and Pain Control
PCI consult in all cases

STEMI vs. Left Ventricular Aneurysm

At least one lead with T-wave Amplitude/QRS ratio > 0.36

STEMI with Q-Waves

This still may be a recent MI

Unrelieved Pain with NSTEMI

These patients should go to PCI
Get Consult

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Wellens Phenomenon

In a chest-pain free patient who previously had anginal signs:
Biphasic T-Waves (up then down) or deep inverted T-Waves

Transient STEMI

These patients are at high risk for re-occlusion

From Steve Smith's ECG Blog and the EMCrit Podcast