

* PCI in Specific Clinical Situations: Cardiogenic Shock



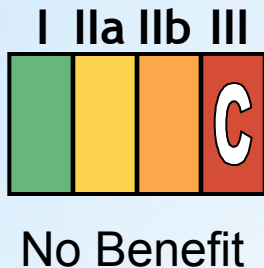
PCI is recommended for patients with acute MI who develop cardiogenic shock and are suitable candidates.



A hemodynamic support device is recommended for patients with cardiogenic shock after STEMI who do not quickly stabilize with pharmacologic therapy.

* PCI in Specific Clinical Situations: STEMI– Coronary Angiography Strategies in STEMI (cont.)

A strategy of coronary angiography with intent to perform PCI is **not recommended** in patients with STEMI in whom the risks of revascularization are likely to outweigh the benefits or when the patient or designee does not want invasive care.



Procedural Considerations

PCI in Specific Clinical Situations: Primary PCI of the Infarct Artery

* PCI in Specific Clinical Situations: STEMI—Primary PCI of the Infarct Artery



Primary PCI should be performed in patients within 12 hours of onset of STEMI.



Primary PCI should be performed in patients with STEMI presenting to a hospital with PCI capability within 90 minutes of first medical contact as a systems goal.

* PCI in Specific Clinical Situations: STEMI– Primary PCI of the Infarct Artery (cont.)



Primary PCI should be performed in patients with STEMI presenting to a hospital without PCI capability within 120 minutes of first medical contact as a systems goal.

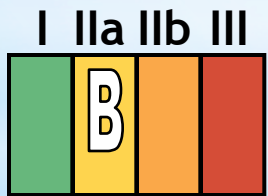


Primary PCI should be performed in patients with STEMI who develop severe heart failure or cardiogenic shock and are suitable candidates for revascularization as soon as possible, irrespective of time delay.

* PCI in Specific Clinical Situations: STEMI- Primary PCI of the Infarct Artery (cont.)

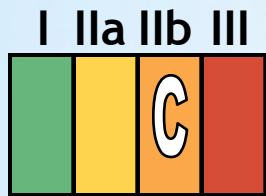


Primary PCI should be performed as soon as possible in patients with STEMI and contraindications to fibrinolytic therapy with ischemic symptoms for <12 hours.



Primary PCI is reasonable in patients with STEMI if there is clinical and/or electrocardiographic evidence of ongoing ischemia between 12 and 24 hours after symptom onset.

* PCI in Specific Clinical Situations: STEMI- Primary PCI of the Infarct Artery (cont.)

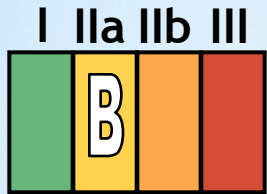


Primary PCI might be considered in asymptomatic patients with STEMI and higher risk presenting between 12 and 24 hours after symptom onset.

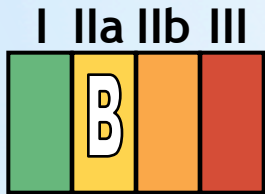


Harm

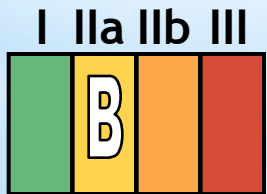
PCI **should not be performed** in a noninfarct artery at the time of primary PCI in patients with STEMI without hemodynamic compromise.



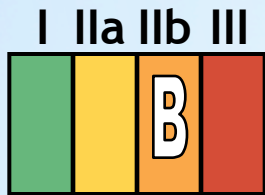
PCI is reasonable in patients with STEMI and clinical evidence for fibrinolytic failure or infarct artery reocclusion.



PCI is reasonable in patients with STEMI and a patent infarct artery 3 to 24 hours after fibrinolytic therapy.



* **Delayed or Elective PCI in Patients with STEMI**
PCI is reasonable in patients with STEMI who demonstrate ischemia on noninvasive testing.



PCI of a hemodynamically significant stenosis in a patent infarct artery >24 hours after STEMI may be considered as part of an invasive strategy.



PCI of a totally occluded infarct artery >24 hours after STEMI should not be performed in asymptomatic patients with 1- or 2-vessel disease if patients are hemodynamically and electrically stable and do not have evidence of severe ischemia.