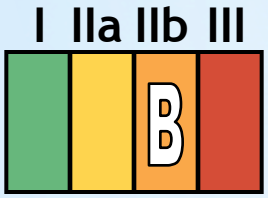
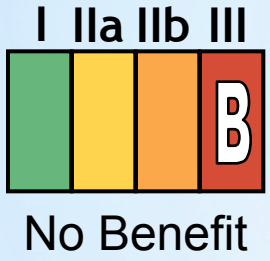
Intravenous Antiplatelet Therapy : STEMI (cont.)



In patients undergoing primary PCI with abciximab, it may be reasonable to administer intracoronary abciximab.

Intravenous Antiplatelet Therapy: STEMI (cont.)

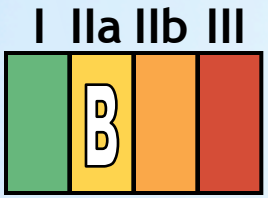


Routine precatheterization laboratory (e.g., ambulance or emergency room) administration of GP IIb/IIIa inhibitors as part of an upstream strategy for patients with STEMI undergoing PCI is not beneficial.

Intravenous Antiplatelet Therapy : UA/NSTEMI

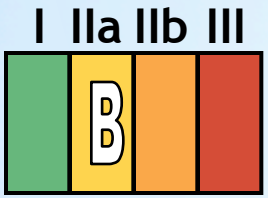
In UA/NSTEMI patients with high-risk features (e.g., elevated troponin level) not treated with bivalirudin and not adequately pretreated with clopidogrel, it is useful at the time of PCI to administer a GP IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus dose tirofiban) in patients treated with UFH.

Intravenous Antiplatelet Therapy : UA/NSTEMI (cont.)



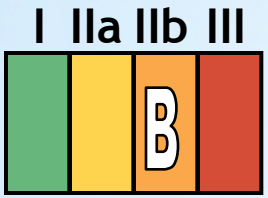
In UA/NSTEMI patients with high-risk features (e.g., elevated troponin level) treated with UFH and adequately pretreated with clopidogrel, it is reasonable at the time of PCI to administer a GP IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus dose tirofiban).

Intravenous Antiplatelet Therapy: SIHD



In patients undergoing elective PCI treated with UFH and not pretreated with clopidogrel, it is reasonable to administer a GP IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus dose tirofiban).

Intravenous Antiplatelet Therapy: SIHD (cont.)



In patients undergoing elective PCI with stent implantation treated with UFH and adequately pretreated with clopidogrel, it might be reasonable to administer a GP IIb/IIIa inhibitor (abciximab, double-bolus eptifibatide, or high-bolus dose tirofiban).

Antiocoagulant Therapy: Use of Parenteral Anticoagulants During PCI

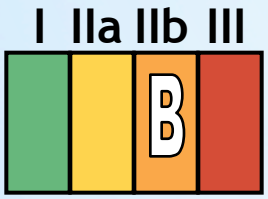
An anticoagulant should be administered to patients undergoing PCI.

Antiocoagulant Therapy: UFH

Administration of intravenous UFH is useful in patients undergoing PCI.

Anticoagulant Therapy: Enoxaparin

An additional dose of 0.3 mg/kg intravenous enoxaparin should be administered at the time of PCI to patients who have received <2 therapeutic subcutaneous doses (e.g., 1 mg/kg) or received the last subcutaneous enoxaparin dose 8 to12 hours prior to PCI.



Performance of PCI with enoxaparin may be reasonable in patients either treated with "upstream" subcutaneous enoxaparin for UA/NSTEMI or who have not received prior antithrombin therapy and are administered intravenous enoxaparin at the time of PCI.

Harm

UFH should not be given to patients already receiving therapeutic subcutaneous enoxaparin.