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1. REPORT DATE (DD-MM-YYYY) 3. DATES COVERED (From - To)
   10/31/2017

2. REPORT TYPE
   Presentation

4. TITLE AND SUBTITLE
   ST Elevation in AVR: When Time May Not Mean Muscle

5a. CONTRACT NUMBER

5b. GRANT NUMBER

5c. PROGRAM ELEMENT NUMBER

5d. PROJECT NUMBER

5e. TASK NUMBER

5f. WORK UNIT NUMBER

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7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
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   210-292-7141

8. PERFORMING ORGANIZATION REPORT NUMBER
   17340

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
   59th Clinical Research Division
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   210-292-7141

10. SPONSOR/MONITOR'S ACRONYM(S)

11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
   Approved for public release. Distribution is unlimited.

13. SUPPLEMENTARY NOTES

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:
   a. REPORT
   b. ABSTRACT
   c. THIS PAGE
   d. REPORT DIABSTRACT
   e. THIS PAGE

17. LIMITATION OF ABSTRACT

18. NUMBER OF PAGES
   19. NAME OF RESPONSIBLE PERSON
      Clarice Longoria
      210-292-7141

Standard Form 298 (Rev. 8/86)
Prepared by ANSI Std. 232-16
Adobe Professional 7.0
Health Education Consortium
San Antonio Uninformed Services
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When time may not mean muscle
ST elevation in AVR:
Disclaimer

The views expressed are those of the presenter and do not reflect the official views or policy of the Department of Defense or its Components.
Main points

• Recognize this EKG pattern as high risk
• Look closely for STEMI
• Consider etiology of coronary ischemia
• Consider withholding clopidogrel
2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction

A Report of the American College of Cardiology Foundation/
American Heart Association Task Force on Practice Guidelines

Developed in Collaboration With the American College of Emergency Physicians and Society for Cardiovascular Angiography and Interventions
STEMI + Emergent Coronary Angiography
STEMI

ST↑ in lead aVR

Non-STEMI
Cf. -- i

(aVR)

ST
Ischemia
Secondary
Resuscitation for
diagnostics and
Consider

Non-STEMI = Non-ST-STEMI
NSTEMI or UA with ≥1 mm of ST ↑ in aVR

Severe 3 vessel or LMCA disease

Urgent CABG
No Clopidogrel
Take home points

• Don’t ignore ST elevation in aVR
• Look closely for STEMI
• Consider secondary ischemia in NSTEMI
• Consider withholding clopidogrel
Resources


