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AMI (Acute Myocardial Infarct). Emergency in primary health centre

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Background & Aim: We often have emergencies in our Primary Health Care Centre. Sometimes there are myocardial infarcts, and when there is an elevation of ST segment, we activate AMI Code (acute myocardial infarct). This protocol is working in Catalonia since June 2009, with high decrease of mortality caused by AMI. It consists in contacting a particular hospital where they can practice revascularisation treatment instantly. We want to show how this protocol works.

Method:

Clinical case: 80 years old patient, waiting to be visited, has syncope without prodromes.

Clinical history: He had no symptoms, only a few days ago he noticed difficulty to breathe and chest pain, with not really intensity and for a few minutes.

Pathological history: former smoker. Nothing else.

Physical examination: Blood pressure: 180/90,

Cardiac auscultation: arrhythmical auscultation, with tachycardia.

EKG: Flutter with elevation of ST segment.

After inserting the catheter in the right arm, the rhythm became sinus, but the elevation of ST continues.

Procedures: First of all call emergencies and activate code AMI. Insert catheter in the right arm, oral administration of clopidogrel 300 mg and aspirin 250 mg.

We can make a differential diagnosis between different causes of syncope: cardiogenic, neurogenic, vaso-vagal, hypoglycaemia, psychogenic, hyperventilation, epilepsy, intoxication, TIA.

Results: After calling emergency services the patient was transferred to Sant Pau Hospital, where they practiced angioplasty at the moment he came, revascularisation and they inserted two stents. Today patient has a good live quality and he still plays sport.

Conclusions: This patient had a really quick treatment in the nearest and most appropriate hospital, with a good coordination between primary health, emergencies and hospital, and he got a quick revascularisation with optimal results. The "AMI code" works well and is really useful in the daily practice.