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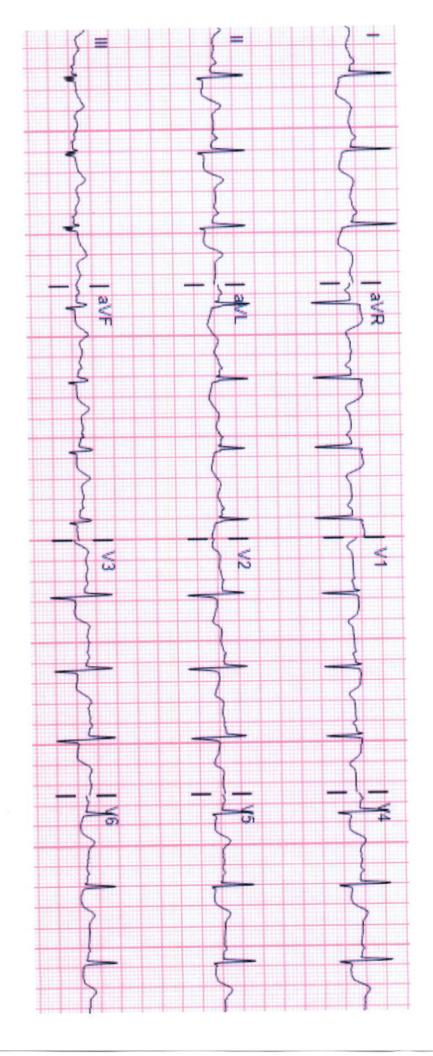
William Davis, M.D.

San Antonio Uniformed Services

Health Education Consortium

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



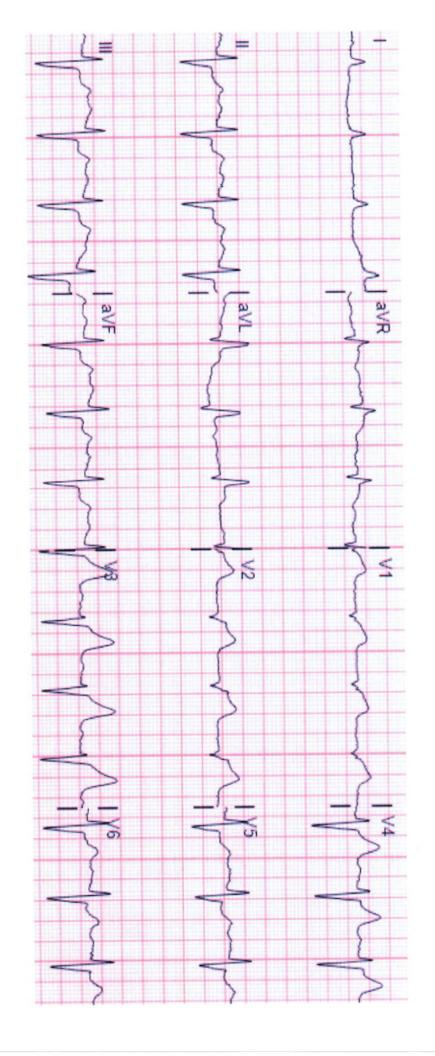
Main points

- 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

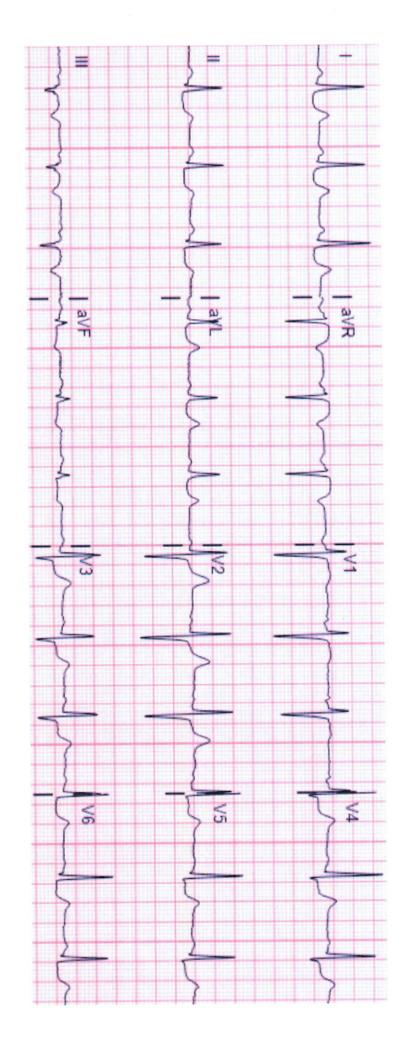
A Report of the American College of Cardiology Foundation/ American Heart Association Task Force on Practice Guidelines

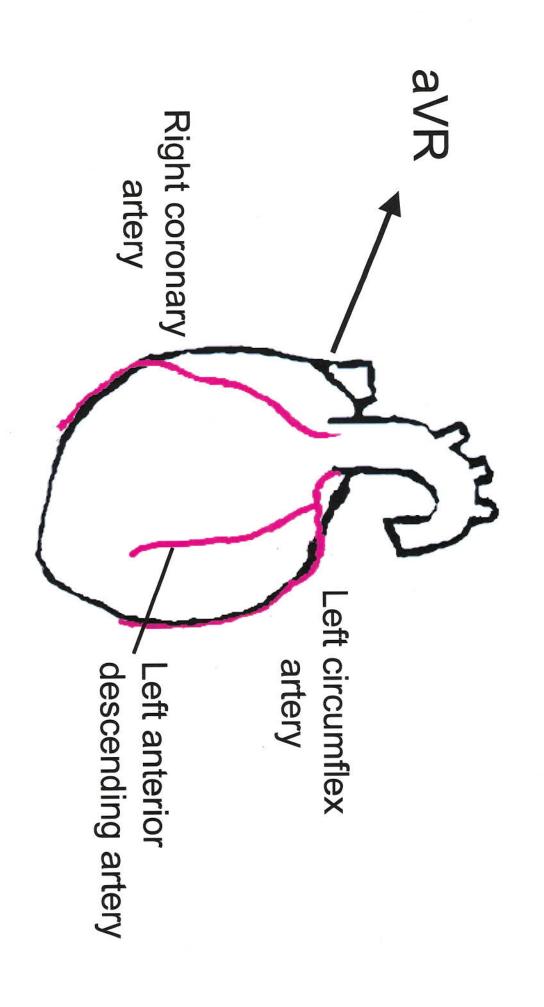
Developed in Collaboration With the American College of Emergency Physicians and Society for Cardiovascular Angiography and Interventions

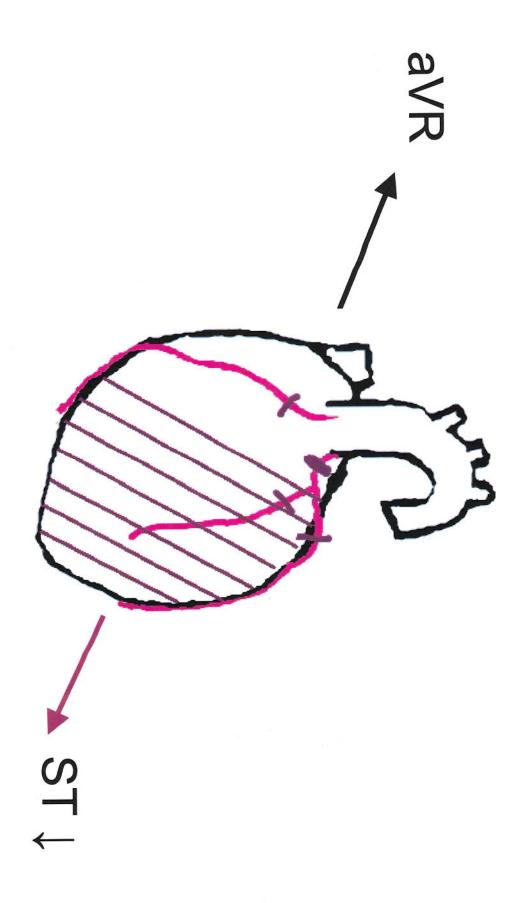


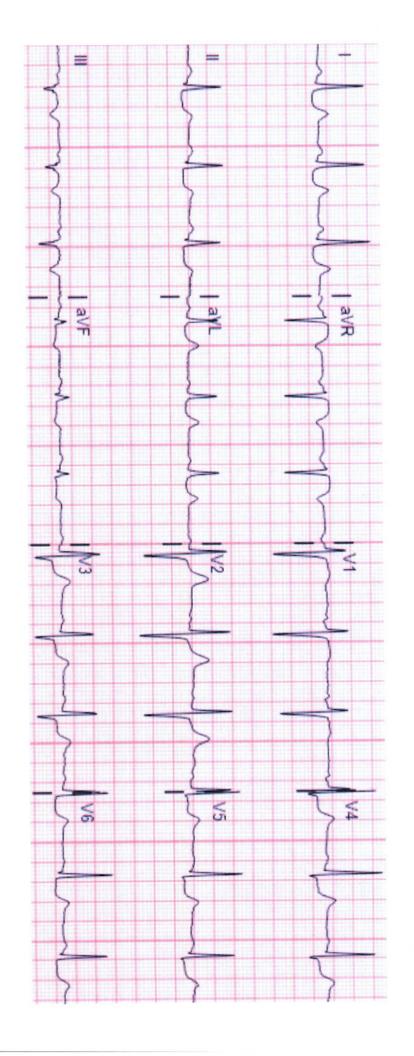
E aVR ន , 23 , V6 , Si , V4

STEMI ST in lead aVR Non-STEM













Hypokalemia

Cath lab

Anemia

Pulmonary **Embolism**

Secretarion of the second

Consider
diagnostics and
resuscitation for
secondary
ischemia

≥1 mm of ST ↑ NSTEMI or UA with Severe 3 vessel

in aVR

or LMCA disease

Urgent

CABG

Clopidogrel

Take home points

- Don't ignore ST elevation in aVR
- Look closely for STEMI
- Consider secondary ischemia in NSTEMI
- Consider withholding clopidogrel

Resources

- Davis WT, Long BJ, Barnwell RM, & Frawley TC. "A case of spontaneous coronary artery dissection with ST elevation in aVR and posterior leads." Am J Emerg Med 2016; 34(12): 2470-e5.
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