



* Dr. Pavel Svítal,
Jihlava, Czech
Republic

Council of Cardiology Practice
European Society of Cardiology
Czech Society of Cardiology

- * No financial incentives
- * Occasional lecturer for Sanofi, Servier, Boehringer Ingelheim, Bayer, Krka, Sandoz
- * Chairman of the Working Group of Practicing Cardiologists of the Czech Society of Cardiology

* Declaration of Interests

Aim: To provide

- Homogenous
- Timely
- Effective

treatment of AMI/STEMI

* New AMI -STEMI Guidelines


Homogenous acute care for AMI-STEMI patients preferably throughout Europe

How ?

European ECS /EACTS Guidelines and there endorsement through national societies

Standardized protocols for each part of the acute cardiac care

Adherence to Guidelines and protocols

 **AMI - STEMI
Guidelines**

Timely Care

How: Logistics

Effective Emergency Medical Systems

Sufficient network of PCI Centers

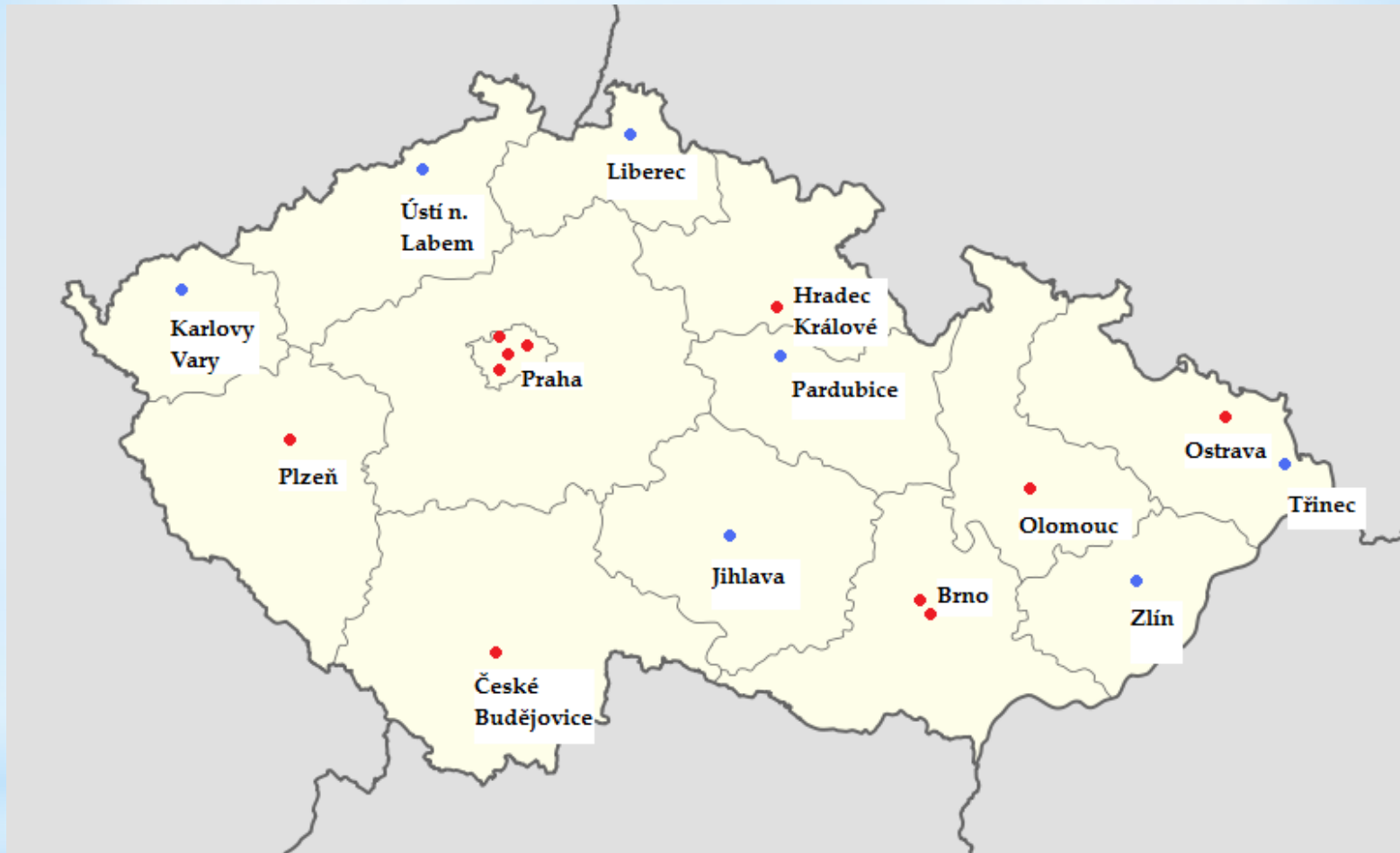
Awareness and knowledge of guidelines and protocols for all medical personnel involved as FMC /first medical contact/ and further acute care in the system, monitoring delays

Public awareness and perception of the chest pain and Emergency Medical System contact

* AMI-STEMI Guidelines



* PCI Centers 2000



* PCI Centers 2006

Effective reperfusion therapy:

PCI Centers working at 24h/7d basis

Experienced operators, radial access preference

Optimal treatment of the culprit lesion

Optimal anticoagulant and anti platelet therapy

Treatment of acute complications /HF,
cardiogenic shock, arrhythmias, mechanical
complications/

* AMI-STEMI Guidelines

In hospital management of patients after reperfusion:

CCU stay

Hospital stay and discharge

Early detection of LV dysfunction / echo/

Risk management /smoking, overweight, life style,
eating habits, DM diagnosis and treatment/

Starting of long term medical therapy after STEMI

*AMI-STEMI Guidelines