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Kongres  
Hrvatskoga  
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## Akutni koronarni sindrom — Ima li što novo u strategiji naše suradnje?

### Sastanak u Sisku

## Acute Coronary Syndrome — Is There Anything New in the Strategy of Our Cooperation?

### Meeting in Sisak

**Zdravko Babić**

*Clinical Hospital "Sestre milosrdnice" Zagreb*

Dana 15. travnja 2008. godine održan je sastanak sisačke podružnice Hrvatskog liječničkog zbora. Na vrlo dobro posjećenom sastanku, od strane bolničkih i vanbolničkih liječnika, održana su dva predavanja.

Prvo predavanje održao je mr. sc. **Zdravko Babić**, dr. med. pod naslovom "Akutni koronarni sindrom — Ima li što novo u strategiji naše suradnje?" Predavanje je podsjetilo na smjernice Europskog kardiološkog društva o akutnom koronarnom sindromu bez ST-elevacije koje su objavljene u lipnju prošle godine. U skladu s navedenim smjernicama ispred Zavoda za kardiovaskularne bolesti Kliničke bolnice "Sestre milosrdnice" Zagreb preporučeno je i dogovoreno proširenje indikacija za transport radi urgentne perkutane koronarne intervencije. Također je u pisanom obliku prikazan *Algoritam za transport bolesnika* kod kojih je indicirana urgentna perkutana koronarna intervencija. Ovo preda-

On 15<sup>th</sup> of April 2008, a meeting in the Sisak subsidiary of the Croatian Medical Association was held. There were two lectures given at the meeting that was attended by a great number of hospital and non-hospital physicians.

The first lecture was given by **Zdravko Babić**, MD, MS entitled "Acute Coronary Syndrome - Is There Anything New in the Strategy of Our Cooperation?" The lecture reminded us of the guidelines of the European Society of Cardiology about acute coronary syndrome without ST-elevation published in June last year. According to the above guidelines the representatives of the Cardiovascular Diseases Institute of the Clinical Hospital "Sestre milosrdnice" Zagreb recommended and agreed to expansion of indications for the transport for the purpose of urgent percutaneous coronary intervention. *Algorithm for the transport of patients with in-*



vanje predstavlja nastavak vrlo dobre suradnje Zavoda za kardiovaskularne bolesti Kliničke bolnice Sestre milosrdnice i Opće bolnice "Dr. Ivo Pedišić" Sisak u provođenju Hrvatske mreže urgentne PCI. Krajem svibnja se očekuje održavanje sastanka sa sličnom temom u Općoj bolnici Karlovac.

Drugo predavanje pod naslovom "SSRI u liječenju anksioznog i depresivnog sindroma" održao je prof. dr. sc. **Miro Jakovljević**, dr. med. psihijatar s Kliničkog bolničkog centra Zagreb. Obzirom na temu prvog predavanja, predavač se koncentrirao na navedene psihičke probleme u bolesnika s akutnim koronarnim sindromom i podsjetio na značaj tih problema, te mogućnosti njihova liječenja kako u općoj populaciji, tako i u kardioloških bolesnika.

Sastanak je završen u ugodnom druženju uz prigodni domijenak.

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dedicated urgent percutaneous coronary intervention was presented in writing as well. This lecture represents a continuation of a very good cooperation between the Cardiovascular Diseases Institute of the Clinical Hospital "Sestre milosrdnice" and Sisak General Hospital in implementation of the *Croatian Primary PCI Network*. By the end of May we expect a meeting to be organized with a similar theme in the Karlovac General Hospital.

Another lecture entitled "SSRI in treating anxious and depressive syndrome" was held by Prof. **Miro Jakovljević**, MD, PhD psychiatrist working for the Zagreb Clinical Hospital. Bearing in mind the topic of the first lecture, the lecturer focused on the above mental problems of patients with acute coronary syndrome and reminded us of the importance of such problems and possibilities of their treatment not only in general population, but also cardiac patients.

The meeting ended in a nice friendly atmosphere whereas participants socialized enjoying a dinner.

#### Daljnja suradnja - preporuke STEMI

**Fibrinoliza:** prva tri sata od početka bolova ukoliko do PCI treba više od 90 min.

- **neuspješna:** rescue PCI unutar nekoliko sati
- **uspješna:** dogovor za PCI drugo jutro

**PCI:** 3-12 sati od početka bolova kod kardiogenog šoka i izrazito nestabilnih bolesnika (VT/VF, perzistiranje angine) moguća PCI i nakon 12 sati

#### Further cooperation STEMI

**Fibrinolysis:** during the first three hours since the onset of pains if it takes longer than 90 min for PCI to undertake

- **unsuccessful:** rescue PCI within a few hours
- **successful:** agreement for PCI another morning

**PCI:** 3-12 hours since the onset of pains with cardiogenic shock and exceptionally unstable patients (VT/VF, persisting of angina) possible PCI even after 12 hours

#### Daljnja suradnja — preporuke NSTEMI/nestabilna AP

**PCI unutar dva sata:** kod izrazito refraktornih ili ponavljajućih bolova, izrazite refraktorne VT/VF ili početnog popuštanja srca

**PCI drugo jutro:** kod viših vrijednosti troponina, dinamičkih ST-T promjena, rana postinfarktna angina, PCI unutar šest mjeseci, EFLV < 40%, anamneza CABG, dijabetes, renalna insuficijencija

**Elektivna PCI:** ostali

#### Further cooperation — recommendations NSTEMI/unstable AP

**PCI within two hours:** with extremely refractory or recurring pains, extreme refractory VT/VF or initial heart failure

**PCI another morning:** with higher values of troponin, dynamic ST-T changes, early postinfarction angina, PCI within six months, EFLV < 40%, history of CABG, diabetes, renal failure

**Elective PCI:** some other

### Algoritam

1. DONOŠENJE ODLUKE O INDIKACIJI ZA PRIMARNU PCI
2. INFORMIRANJE I PRISTANAK BOLESNIKA
3. TELEFONSKI POZIV DEŽURNOM U KORONARNOJ JEDINICI KB "SESTARA MILOSRDNICA":
  - nazvati 01/3787-111 i tražiti spajanje s dežurnim kardiologom
  - osnovni podaci o bolesniku (dob, spol, arterijski tlak, puls, 12-kanalni EKG, trajanje ishemijske, palpabilnost femoralnih arterija)

### Algorithm

1. TAKING DECISIONS ON PRIMARY PCI INDICATION
2. PROVIDING INFORMATION TO AND CONSENT BY A PATIENT
3. TELEPHONE CALL TO DUTY PHYSICIAN IN CORONARY UNIT OF CLINICAL HOSPITAL "SESTRE MILOSRDNICE":
  - to call 01/3787-111 in order to be put through to duty cardiologist
  - basic information on a patient (age, gender, blood pressure, pulse, 12-lead ECG, ischemia duration, palpation of femoral arteries)



4. PRIHVACANJE INDIKACIJE ZA PRIMARNU PCI
5. TELEFONSKI POZIV HMP RADI TRANSPORTA
6. PRIPREMA BOLESNIKA:
  - i. v. put, brijanje prepona
  - trajni EKG/RR monitoring
  - trajni liječnički nadzor
  - ordiniranje dogovorene terapije (acetilsalicilna kiselina + klopidogrel + sedativ)
7. POLAZAK IZ REGIONALNE USTANOVE:
  - i. v. put
  - 12-kanalni EKG iz regionalne ustanove
  - povijest bolesti
  - potpisan obavijesni pristanak
8. TELEFONSKI POZIV DEŽURNOM U KORONARNOJ JEDINICI KB "SESTARA MILOSRDNICA" KOD POLASKA U ZAGREB

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## KOD DOLASKA:

- upućivanje bolesnika (monitoriran na defibrilatoru), liječnika i sve medicinske dokumentacije prema dogovoru u Laboratorij za kateterizaciju srca ili u Koronarnu jedinicu
- usmena prezentacija bolesnika dežurnom invazivnom kardiologu

4. ACCEPTANCE OF INDICATIONS FOR PRIMARY PCI
5. TELEPHONE CALL TO EMERGENCY MEDICAL AID FOR THE PURPOSE OF TRANSPORT
6. PREPARING THE PATIENT:
  - i. v. cannula, shaving groins
  - permanent ECG/BP monitoring
  - permanent medical supervision
  - administration of an agreed therapy (aspirin + clopidogrel + sedative)
7. DEPARTURE FROM REGIONAL INSTITUTION:
  - i. v. cannula
  - 12-lead ECG from regional institution
  - anamnesis
  - notice of consent signed
8. TELEPHONE CALL DIRECTED TO DUTY CORONARY UNIT OF CLINICAL HOSPITAL "SESTRE MILOSRDNICE"

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## UPON ARRIVAL:

- referral of patient (monitored on defibrillator), physician and all medical documentation as agreed, to the Laboratory for heart catheterization or to the Coronary Unit
- verbal presentation of a patient to the invasive cardiologist on duty