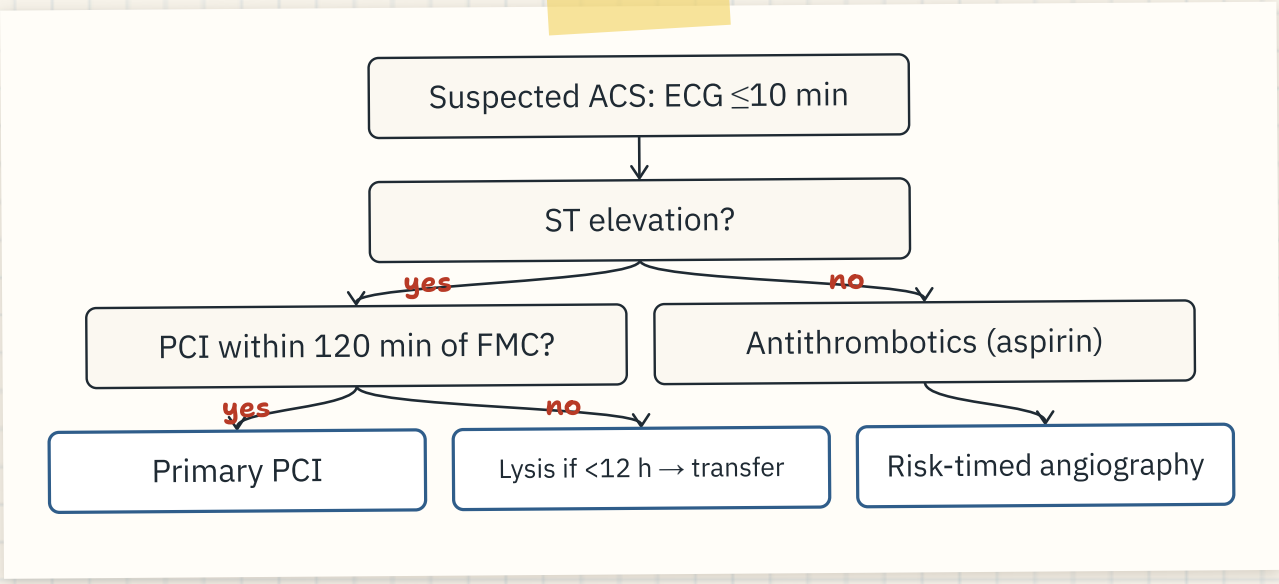
STEMI vs NSTE-ACS

Choose the first reperfusion or invasive strategy



Step by step

1. Read the ECG within 10 min of arrival.
2. STEMI: new ST elevation ≥1 mm in ≥2 contiguous leads (higher cut-offs in V2–V3).
3. STEMI <12 h: primary PCI, FMC-to-device ≤90 min (≤120 min with transfer).
4. PCI not possible within 120 min, symptoms <12 h, no contraindication: fibrinolysis, then transfer at once (angiography 2–24 h, or rescue PCI).
5. Shock or instability: emergency revascularization, whatever the time since onset.

Patient	Invasive strategy
Refractory angina, or hemodynamic/electrical instability	Immediate
High risk	Within 24 h (reasonable)
Intermediate risk	During the admission
Low risk	Routine or selective

NSTE-ACS: when to do angiography

90 · 120 · 12

90 min: first medical contact → device

120 min: with a transfer; beyond that, lyse

12 h: lysis window; PCI can be later

Exam traps

- Fibrinolysis for ST depression alone is harmful (unless true posterior STEMI is suspected).
- NSTEMI does not mean no cath lab: refractory angina or instability means immediate angiography.
- Don't wait for a repeat troponin when the ECG already shows STEMI.
- Oxygen only if SpO_2 is below 90%.

STEMI vs NSTEMI: the reperfusion decision

Video, written lesson, practice question and sources: medservatory.com/usmle-step-2-ck/emergency-medicine/stemi-reperfusion-decision

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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