

Detect Occlusion Myocardial Infarction

Individuals presenting with **NEW onset** symptoms suspicious for acute coronary syndrome including:

- chest pain, pressure, tightness, burning
- shortness of breath (dyspnea)
- epigastric pain
- any new perceived anginal equivalent



Follow these steps:



1. Identify chest pain patient



2. Scan 12-lead ECG



3. Get AI ECG interpretation



4. Verify ECG patterns

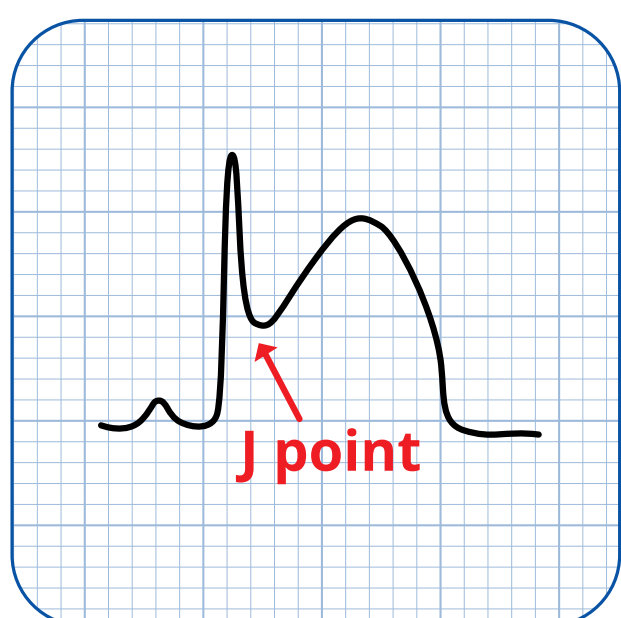


5. Follow recommendation

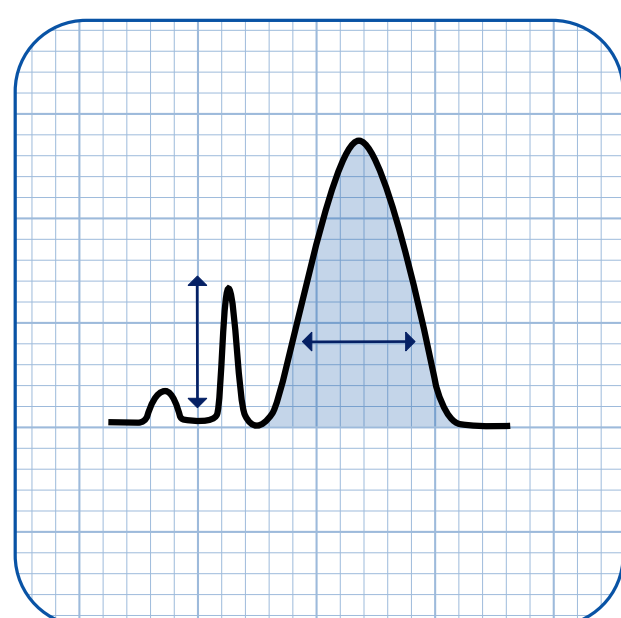


In doubt?
Perform serial ECGs

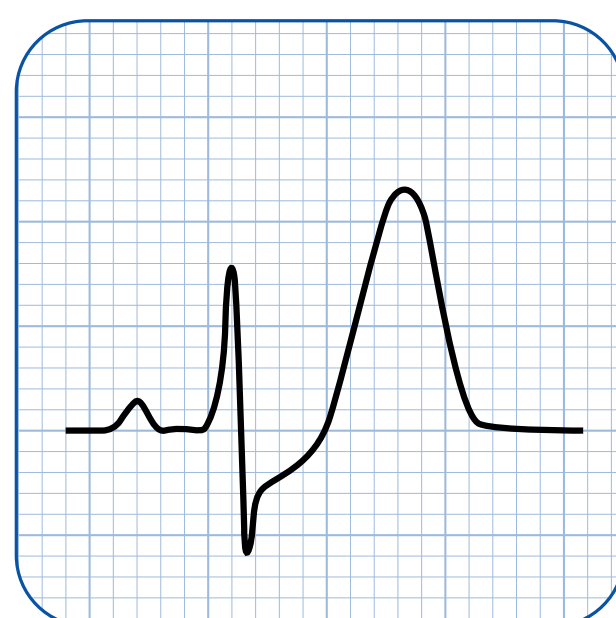
Active OMI Patterns / STEMI equivalents



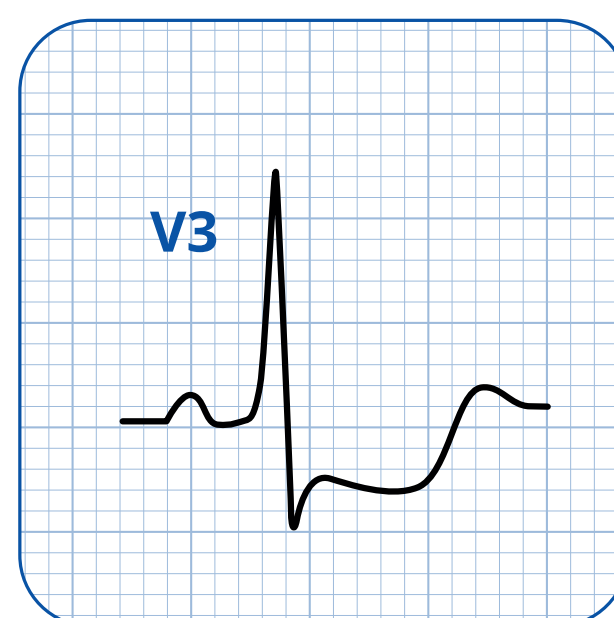
Conventional STEMI



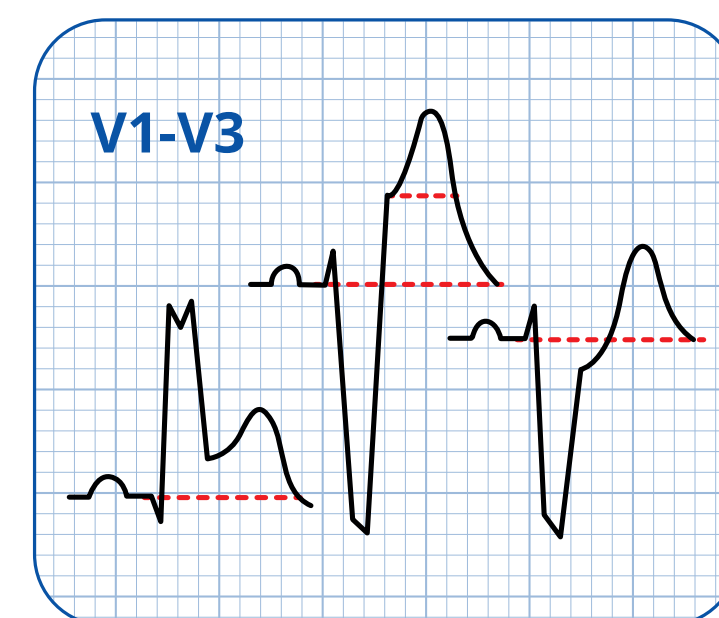
Hyperacute T wave (HATW)



De Winter T wave (HATW with ST depression)



Posterior OMI

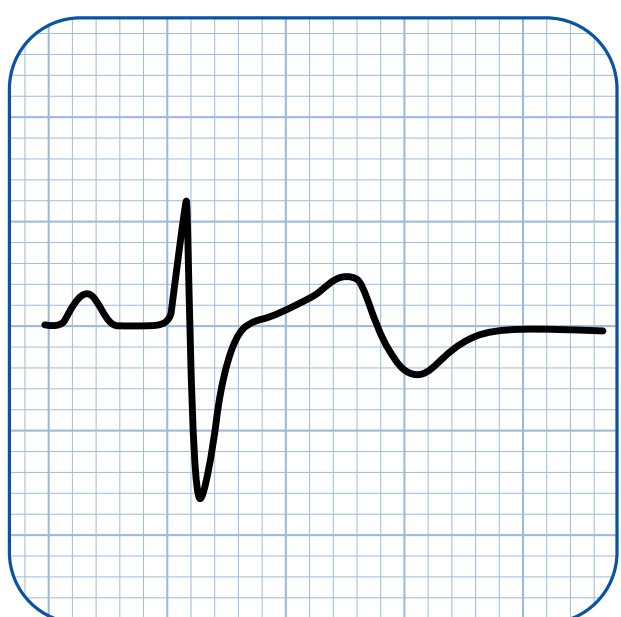


Modified Sgarbossa Criteria (MI in LBBB or Ventricular Paced Rhythm)

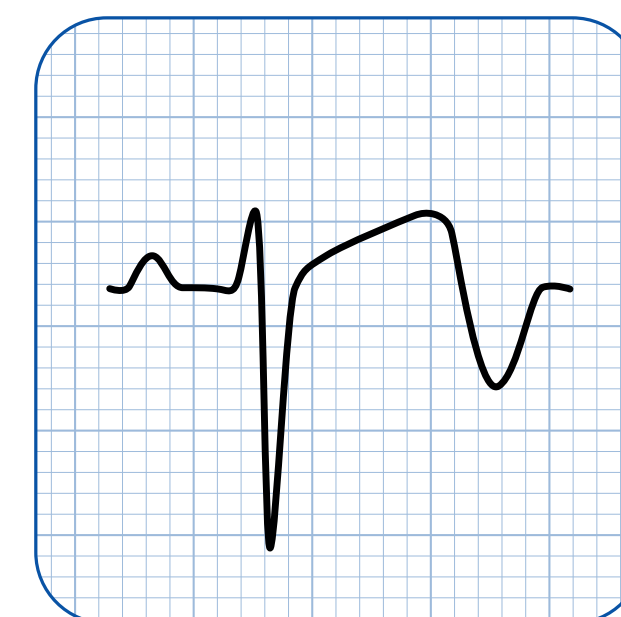


Activate cath lab immediately

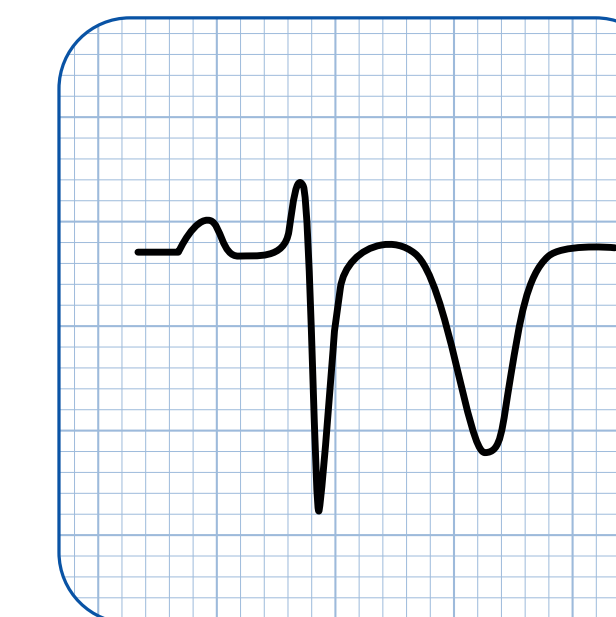
Reperfusing OMI Patterns



Early reperfusion



Later reperfusion



Concluding reperfusion

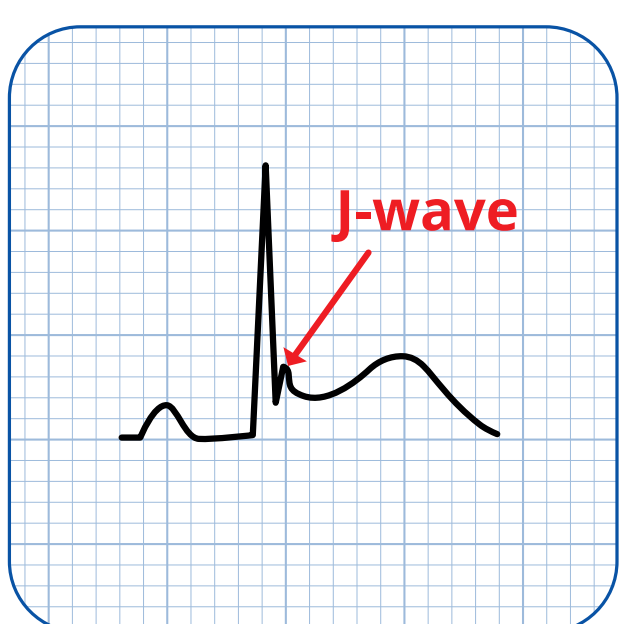
Occluded culprit artery now opening up

These patients are expected to be chest pain free or pain resolving when the ECG is recorded. Despite the artery not being occluded at this time (due to spontaneous or medication-induced re-opening), these patients have clinically relevant high-grade stenosis at risk for re-occlusion. Any persistence of, or return of symptoms suggests re-occlusion and may warrant immediate angiography.

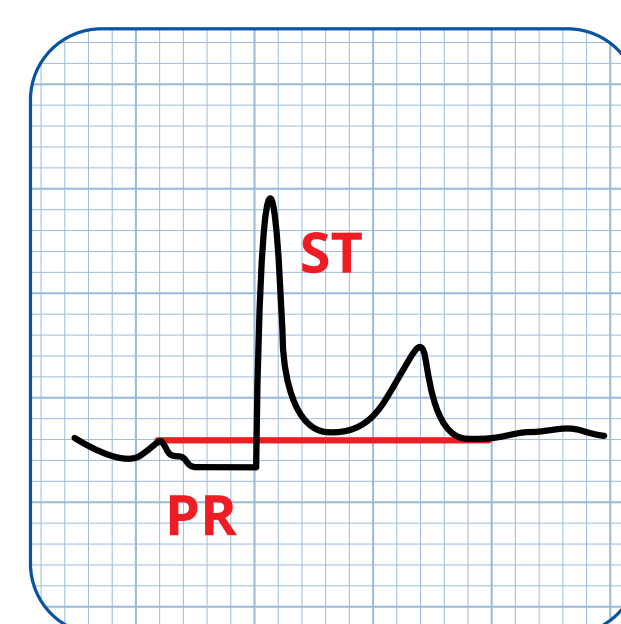


Cath lab activation justified

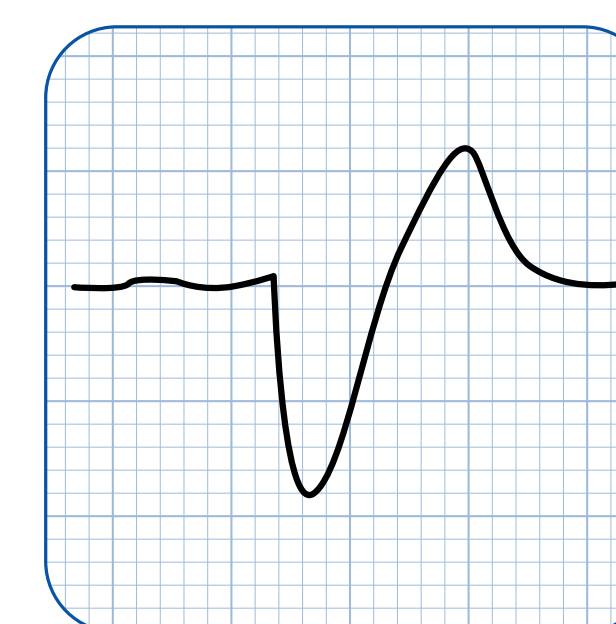
STEMI Mimic Patterns



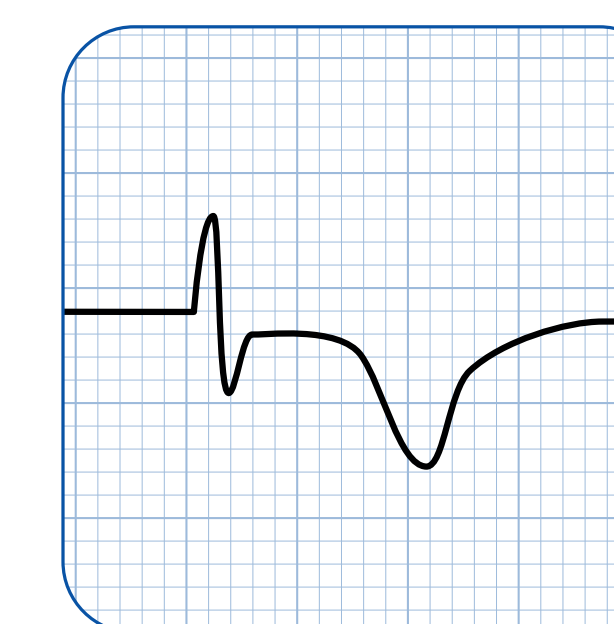
Benign Early Repolarization



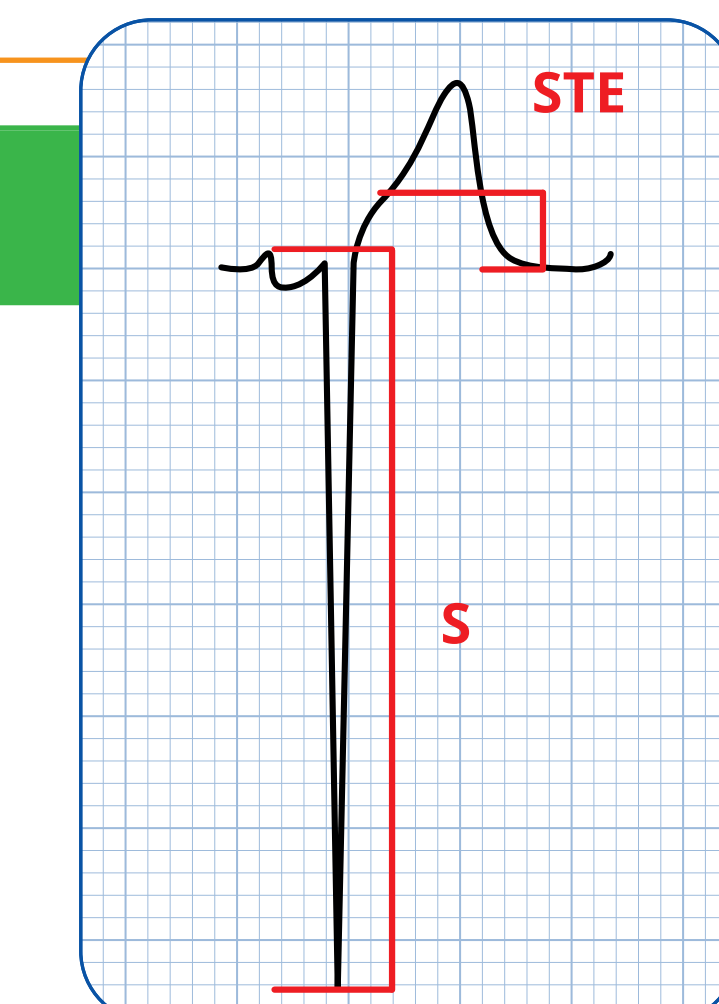
Pericarditis



Hyperkalemia



Stress Cardiomyopathy



Left Ventricular Hypertrophy



Confirm clinically and avoid urgent cath lab activation



Scan to access more information about OMI and to **download PMcardio**.

Get in touch with us at omi@powerfulmedical.com
Learn more at www.powerfulmedical.com