The barriers to rapid reperfusion in acute ST-elevation myocardial infarction

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Figure 6

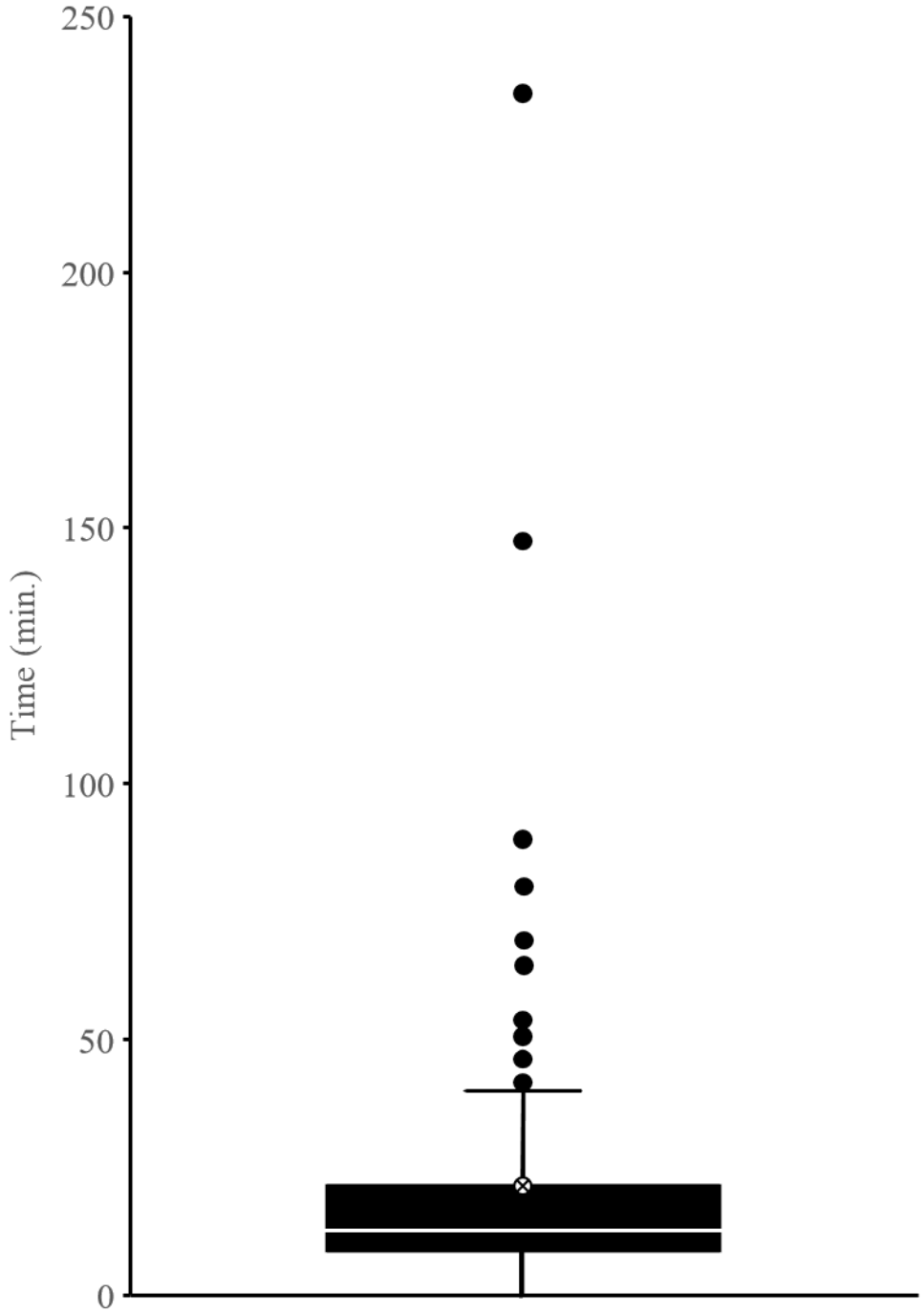

Figure 7

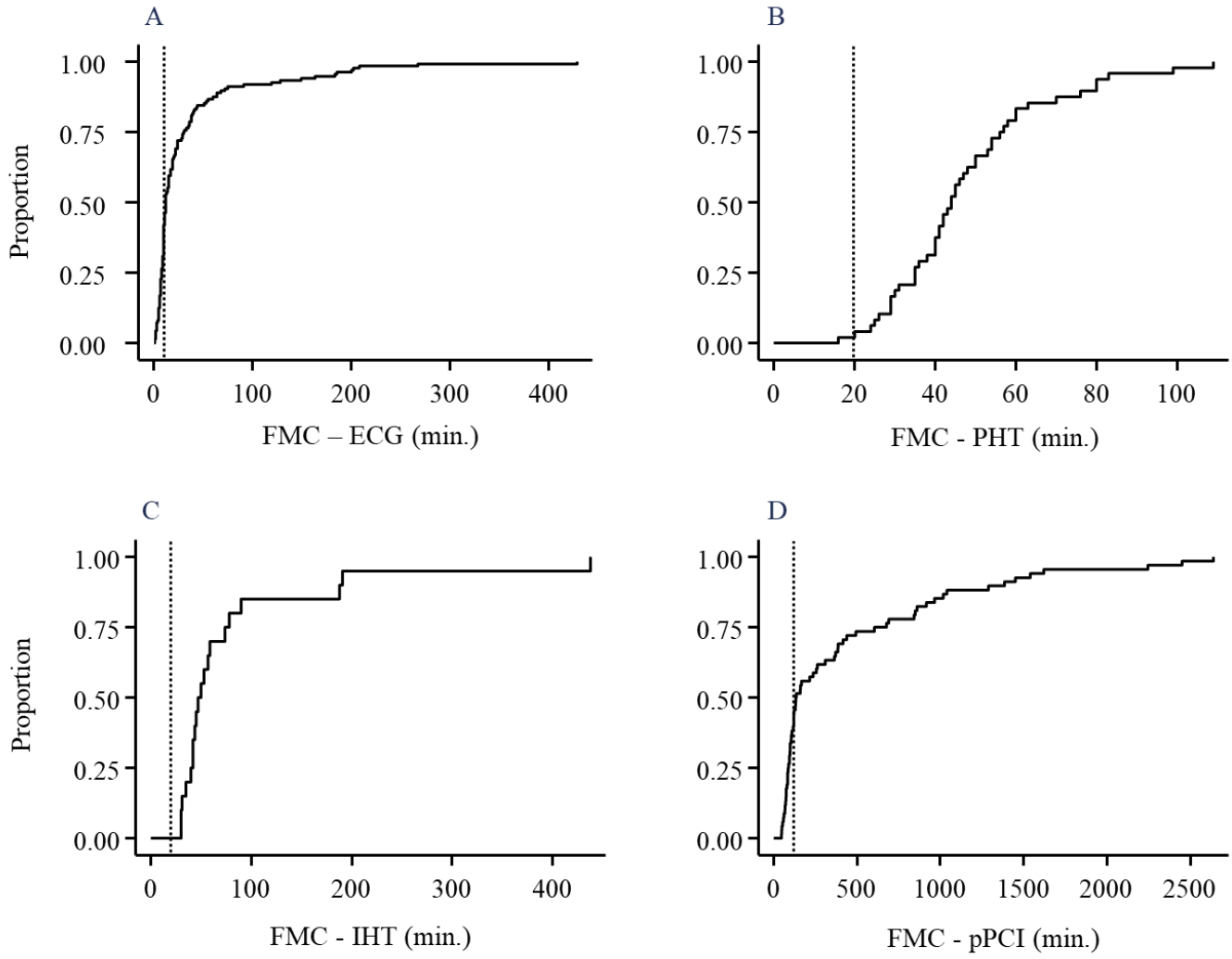
A
B
C
D
Proportion
1.00
0.75
0.50
0.25
0.00
0
100
200
300
400
FMC – ECG (min.)
20
40
60
80
100
FMC - PHT (min.)
FMC - IHT (min.)
500
1000
1500
2000
2500
FMC - pPCI (min.)

Fig. 6

The figure shows the time interval from the alarm call to the 1st medical contact of 133 patients with acute ST-elevation myocardial infarction [median (−): 13 min., 75 % percentile: 22 min., mean (X): 21 min., interquartile range: 13 min.]. ● indicates outliers with time intervals exceeding 1.5 x the 75 % percentile.

Fig. 7

Depicted is the accumulated proportion of patients who received reperfusion therapy in the acute phase of an ST-elevation myocardial infarction during November 1st 2020 - April 23rd 2021 and the time from 1st medical contact (FMC) to recording of the electrocardiogram (ECG) which guided decision-making (A) (n = 137), initiation of prehospital thrombolytic therapy (PHT) (B), initiation of in-hospital thrombolytic therapy (IHT) (C), and primary percutaneous coronary intervention (pPCI) (D). Dotted vertical lines indicate time limits recommended in guidelines [1].