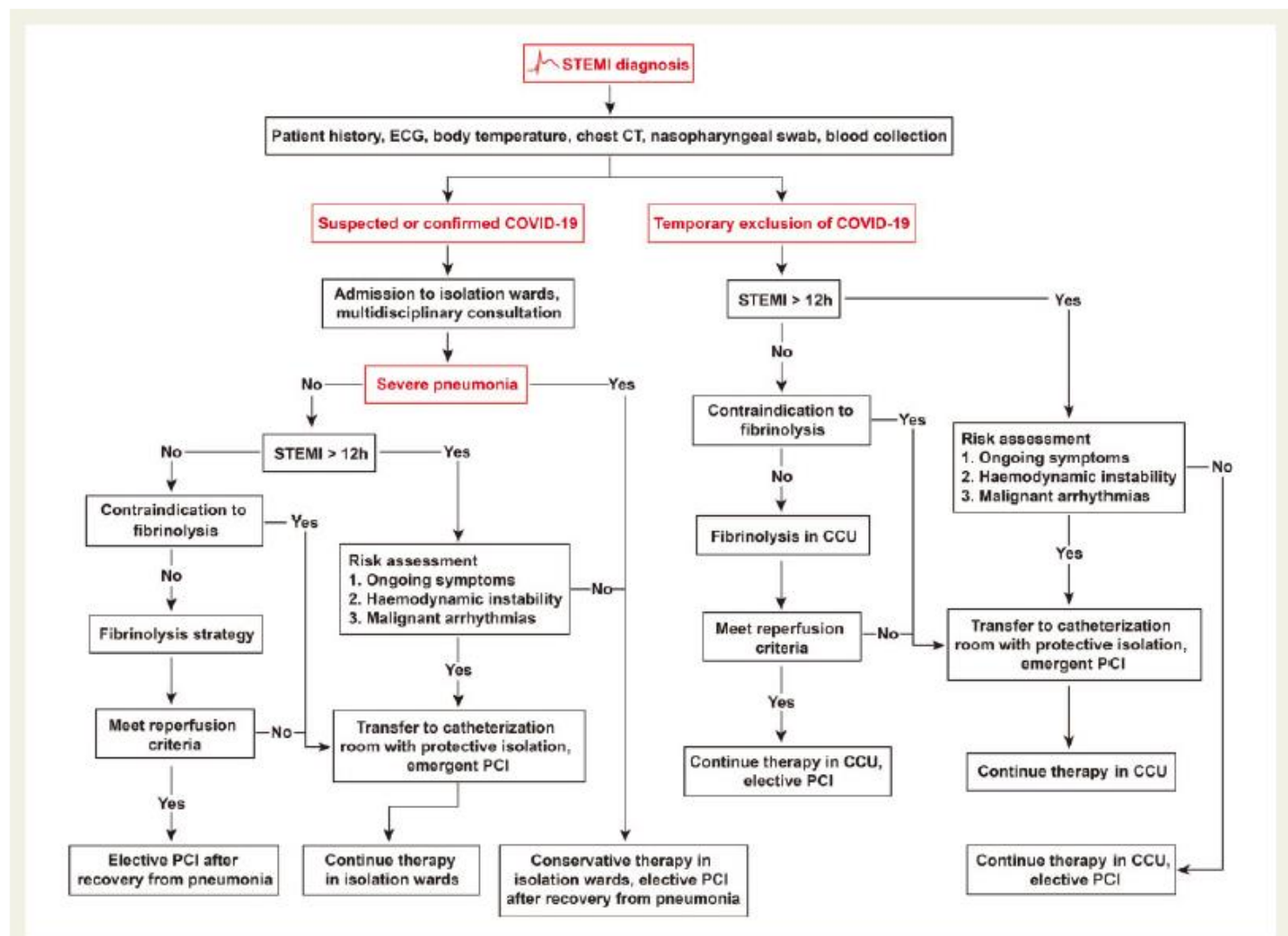


# Experiences and lesson strategies for cardiology from the COVID-19 outbreak in Wuhan, China, by ‘on the scene’ cardiologists

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## Management of STEMI patients



**Figure 1** Workflow for the management of STEMI patients in the context of a COVID-19 outbreak. STEMI, ST-segment elevation myocardial infarction; CCU, coronary care unit; PCI, percutaneous coronary intervention.

Although primary percutaneous coronary intervention (PCI) or emergent PCI is an effective reperfusion strategy, especially for STsegment elevation myocardial infarction (STEMI) cases, its role had to be relatively secondary in the context of the sudden COVID-19 outbreak. Increased exposure risks due to lack of negative pressure catheterization rooms and shortage of PPE and the significant increased difficulty in fine manipulation of guidewires under level-3 protection may all contribute to clinical decision-making. We recommend that fibrinolysis be preferred when both PCI and fibrinolysis can be selected. Once PCI is required, all staff engaged should be under level3 protection, and thorough environmental disinfection must be given after each PCI. Similarly, for patients with non-STEMI, PCI can be performed in the high-risk population group: ongoing ischaemic symptoms, haemodynamic instability, and malignant arrhythmias. An in-hospital multidisciplinary consultation (involving experts from cardiology, ICU, department of infectious disease, and emergency department) should be organized in cases of AMI or other cardiovascular emergencies complicated with COVID-19. However, we have to acknowledge that our changed treatment for AMI is not evidence based but is a compromise in the context of the COVID-19 pandemic. Further validations may be warranted to observe its potential impact on patient outcome.