



Poll Results: COVID-19 and Interventional Cardiology

Apr 07, 2020 | [George W. Vetovec, MD, MACC](#)

Poll

This recent poll, which gauged respondents' decisions to manage acute myocardial infarction in patients with suspected or confirmed COVID-19 infection, demonstrated a conservative strategy. Primary lytic ST-segment elevation myocardial infarction approaches except in extreme clinical circumstance (shock or failed lytics) reaffirm the concerns of protecting medical staff in the catheterization laboratory. Likewise, in non-ST-segment elevation myocardial infarction, a conservative approach was even more strongly preferred, which is consistent with the greater opportunity to assess these patients for risk severity. These responses appear consistent with current algorithms during the COVID-19 pandemic.

This was the largest poll response we have had to date. Thanks to all who participated.

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Clinical Topics: [Invasive Cardiovascular Angiography and Intervention, Noninvasive Imaging, Interventions and Imaging, Angiography, Nuclear Imaging](#)

Keywords: *Angiography, Coronary Angiography, Coronavirus, Myocardial Infarction, Pandemics, COVID-19, Shock, Medical Staff, Catheterization, Infection*

Poll: COVID-19 and Interventional Cardiology

1. For patients with confirmed or highly likely COVID-19 infection who present with STEMI, what is the most appropriate management strategy right now?

Thrombolytics except in cases of cardiogenic shock or failed lytics and persistent chest pain and/or hemodynamic instability.

(792 votes) 43.85%



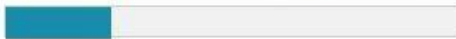
Primary PCI as usual.

(596 votes) 33%



Plans should be hospital/healthcare-based recognizing significant variation in experience and local resources.

(418 votes) 23.15%

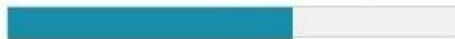


Total Votes: 1,806

2. For patients with confirmed or highly likely COVID-19 infection who present with NSTEMI, what is the most appropriate management strategy right now?

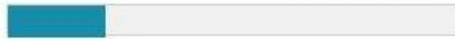
Medical management except in cases of cardiogenic shock.

(1,138 votes) 63.08%



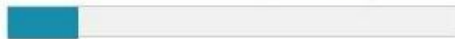
Usual care (i.e., risk assessment with prompt, appropriate coronary angiography).

(386 votes) 21.4%



Plans should be hospital/healthcare-based recognizing significant variation in experience and local resources.

(280 votes) 15.52%



Total Votes: 1,804

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