

**SUMMACARE HEALTH PLAN
BETA-BLOCKER USE AFTER MYOCARDIAL INFARCTION
CLINICAL PRACTICE GUIDELINES**

Risk Intervention	Recommendations
Rationale	Beta-adrenergic receptor blocking agents may diminish myocardial oxygen demand by reducing heart rate, systematic arterial pressure and myocardial contractility. Additionally, chronic beta-adrenoceptor therapy reduces mortality through a reduction in incidence of sudden and non-sudden cardiac death.
Inclusion Criteria	<ul style="list-style-type: none"> • Members with acute MI
Goals	Reduce morbidity and/or mortality during the initial hours of evolving infarction. Reduce morbidity and/or mortality in the weeks, months and years after the completed infarction.
Medication Reconciliation	Accurately and completely reconcile all medications patient is taking across the continuum. <i>(National Patient Safety Goal)</i>
Guideline	<ul style="list-style-type: none"> ■ For those members with acute MI without a relative contraindication to beta-adrenoceptor therapy, beta-adrenoceptor blocker therapy will be given during the initial hours of evolving infarction and the weeks, months and years after the completed infarction. ■ For those members with acute MI with a relative contraindication to beta-adrenoceptor therapy including: <ul style="list-style-type: none"> • HR < 60 bpm • Systolic arterial pressure < 100mm hg • Moderate or severe LV failure • Signs of peripheral hypoperfusion • PR interval > 0.24 • 2nd or 3rd degree AV block • Severe COPD • Active asthma/reactive airways disease • Severe PVD or • IDDM ▪ Risk/benefit ratio of beta-adrenergic receptor blocker therapy is evaluated for each patient individually and determination for use or non-use is made and documented in the member's medical record with a risk/benefit comparison outlined.

**Based upon American College of Cardiology & American Heart Association Guidelines*

Guidelines approved: 2/12/98 – Utilization Review

Reviewed/Updated: 5/28/02 – Clinical Quality Committee

Reviewed/Updated: 7/27/04 – Clinical Quality Committee

Reviewed/Updated: 8/7/08- Clinical Quality Risk Management Committee