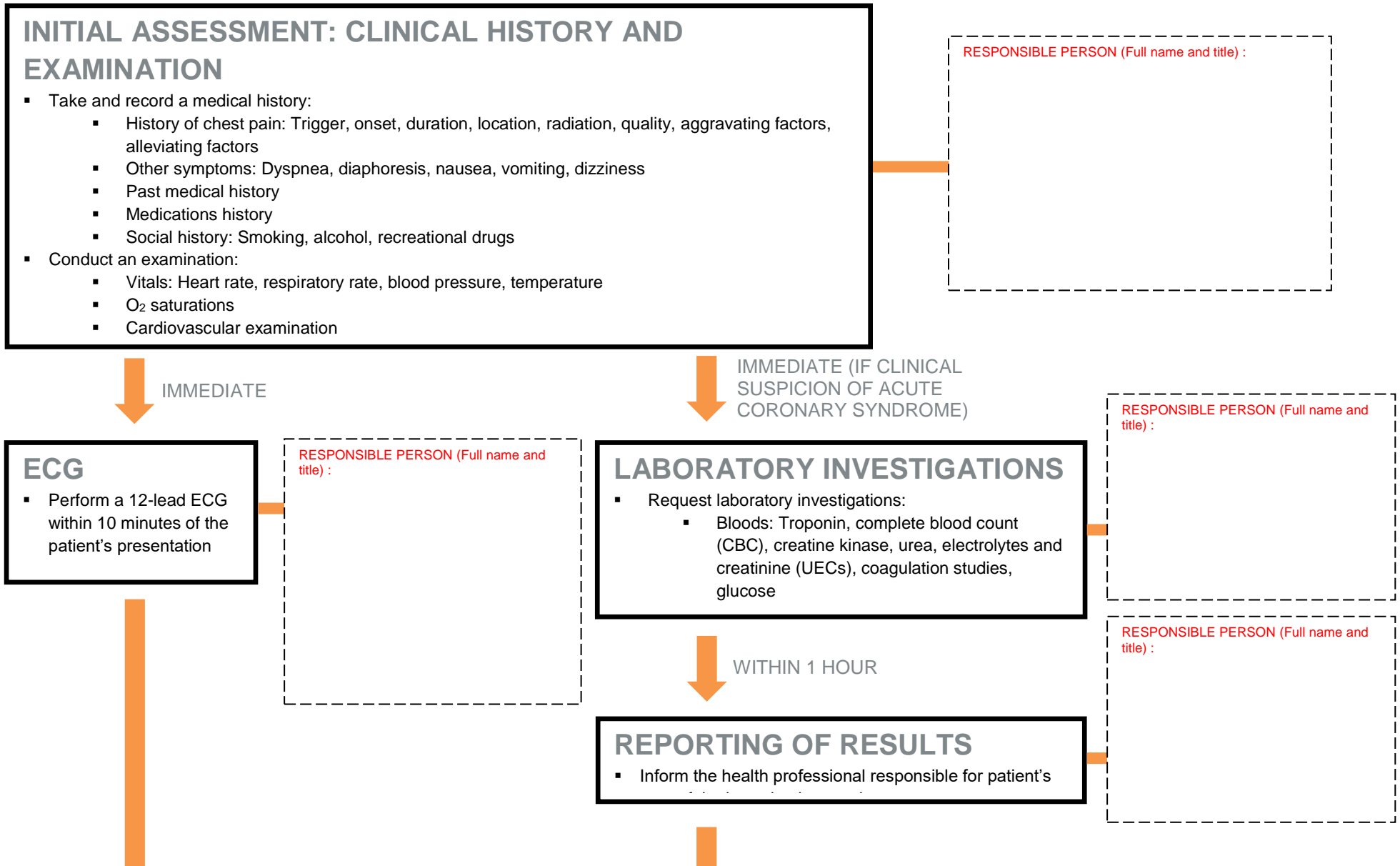




# ACUTE CORONARY SYNDROME CLINICAL PATHWAY



IMMEDIATE

RESPONSIBLE PERSON (Full name and title) :



## CLASSIFICATION OF PATIENTS

- Dependent on the results of the ECG, biomarkers and clinical history, classify patients into one of three categories (as below)
- *Note: If biomarkers are not available or not reported within 1 hour, classify patients according to clinical history and ECG alone.*

## ACUTE CORONARY SYNDROME

- Duration chest pain >10 minutes, occurs with decreasing levels of exertion or occurs at rest, not readily relieved by rest or GTN, increasing severity of chest pain

## STABLE ANGINA

- Duration <10 minutes, occurs with exertion, relieved by rest or GTN, no change in pattern.

## OTHER CAUSE OF CHEST PAIN

- No suspicion of acute coronary syndrome or stable angina

## ST ELEVATION MYOCARDIAL INFARCTION (STEMI)

- Presence of persistent ST elevation  $\geq 1$ mm in 2 contiguous chest leads, or a new left bundle branch pattern.

## NON-ST ELEVATION ACUTE CORONARY SYNDROME (NSTEAC)

- No ST-elevation demonstrated on ECG

## INVESTIGATE FOR OTHER CAUSES

- Investigate for other causes of chest pain

## NON-ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI)

- Raised biomarkers (troponin)
- *Note: If biomarkers not available, treat as NSTEMI.*

## UNSTABLE ANGINA

- Normal biomarkers (troponin)
- *Note: If biomarkers not available, and no ST elevation is present, treat as NSTEMI.*

IMMEDIATE

RESPONSIBLE PERSON (Full name and title) :



IMMEDIATE

IMMEDIATE

IMMEDIATE

## INITIATE EVACUATION

- Initiate transfer to higher level care for reperfusion strategy

RESPONSIBLE PERSON (Full name and title) :

IMMEDIATE

## INITIAL MANAGEMENT: ACUTE CORONARY SYNDROME

- While waiting for transfer to higher level care, administer:
  - O<sub>2</sub> therapy: If O<sub>2</sub> saturations < 93%
  - Aspirin 300mg: Administer immediately (100–150mg daily thereafter, continued indefinitely)
  - Glyceryl trinitrate 500mcg sublingually: Repeat every 5 minutes if pain persists, up to a total of 3 doses if tolerated; contraindicated with inferior MI, hypotension or PDE-5 inhibitor.
  - IV morphine: Titrated to clinical effect.
  - Anti-emetic: If required. Administer IV 10mg metoclopramide or IV 12.5mg prochlorperazine.
  - *Note: Consider heparin or further anti-platelet therapy, dependent on expected management following evacuation. Consult expert opinion at higher level care centre.*

RESPONSIBLE PERSON (Full name and title) :

## INITIAL MANAGEMENT: STABLE ANGINA

- Administer immediately the following treatment:
  - Glyceryl trinitrate (GTN) 500mcg sublingually: Repeat every 5 minutes if pain persists, up to a total of 3 doses if tolerated; contraindicated with hypotension or PDE-5 inhibitor
  - *Note: If pain persists after 2 doses of GTN, treat as acute coronary syndrome and initiate evacuation.*

RESPONSIBLE PERSON (Full name and title) :

IMMEDIATE

## INITIATE EVACUATION

RESPONSIBLE PERSON (Full name and title) :