



# ACS/Chest Pain/Unstable Angina/NSTEMI

For all UH system Hospitals

Immediately obtain ECG; Obtain AMI panel

IMMEDIATE review by ED Attending

**ST Elevation MI**

Treat according to STEMI protocol

Probable non-cardiac

Treat according to non-cardiac protocol

### All ACS patients

- Aspirin 325 mg non-enteric coated
- Plavix 600 mg PO load
- Nitrates for chest pain (sublingual followed by IV)
- Beta-blocker if not contraindicated

Risk Assessment

### TIMI Risk Factors (1 point for each)

- Age greater than 65 yo
- 3 or more CAD risk factors
- Known CAD (stenosis greater than 50%)
- ST deviation
- 2 or more Anginal events in last 24 hours
- Aspirin use in last 7 days
- Elevated Troponin or CK-MB

**High/Moderate Risk**

#### TIMI Risk Score = 3-7, or any of:

- Systolic BP less than or equal to 110mmHg
- HR greater than or equal to 100; or Sustained Arrhythmia
- CHF or EF less than 40%
- prior PCI/CABG or MI
- Refractory chest pain

#### INVASIVE APPROACH (cath lab in 24-48h)

- Heparin 60 units/kg IV bolus (maximum 4000 units) followed by 12 units/kg/hr drip (maximum 1000 units/hr)
- If troponin-positive or ST deviation, consider Integrilin 180 mcg/kg/min bolus followed by 2 mcg/kg/min drip (Reduce drip to 1 mcg/kg/min for Cr clearance less than 50).

**Low Risk**

#### TIMI Risk Score = 0-2

#### Conservative Approach (observation)

- Lovenox 1 mg/kg subcutaneous BID (Reduce dose to 0.75 mg/kg BID for age greater than 75 and reduce dose to 1 mg/kg once daily for Cr clearance less than 30).
- Serial ECG (30 minutes), troponin (0, 4 and 8 hrs)

If Symptoms free, negative ECG, negative biomarkers, Consider stress test and echo

- Call Cardiology consult to determine appropriate time for cardiac cath; AND/OR
- Call Transfer Desk (216-844-1111) to transfer patient to UH Facility with cath lab and 24/7 PCI service

This has been developed by the clinical departments to assist clinicians in patient management. They are not intended to replace a clinician's judgment or establish a rigid protocol for all patients with similar conditions. They are potential templates to be individualized to each patient's specific circumstances.