Guideline for the Management of Suspected Acute Coronary Syndrome

Suspected ischaemic chest pain

Immediate ECG, IV access, Bloods in HSTnT, Cardiac Monitoring

Non Diagnostic ECG
Consider Aspirin 300mg sub-lingual nitrates or analgesia
CXR as indicated
Rapid rule out for MI Pathway
Not suggestive of acute event
MI ruled out
1. Typical angina - early OP ETT, aspirin 75 mg, GTN spray
2. Atypical pain - reassure, GP follow up as needed
3. If has ongoing concerning symptoms will require admission for further assessment

Ischaemic ECG
New horizontal down-sloping
ST depression ≥2 mm or deep symmetrical
T wave inversion in 2 adjacent leads >3 mm
Admit to local Coronary Care Unit
Aspirin 300 mg
Ticagrelor 180 mg*
Fondaparinux 2.5 mg (unless anticoagulated)
Atenolol 25 mg unless contraindicated
Nitrate and analgesia as needed
Ensure good glycaemic control
Repeat HSTnT at 6 hours from presentation
GRACE score risk stratification for consideration of early inpatient coronary angiography
www.gracescore.org
ST Segment Elevation (STEMI)
≥ 2 mm in 2 adjacent chest leads
or >1 mm in two adjacent limbs leads,
or new LBBB,
or >2 mm ST depression V1 – V3 (posterior)
Refer immediately for emergency PCI to Hairmyres CCU (Dedicated PCI line)
WGH and MK – 01355 584817
HM - ext 4817
Aspirin 300 mg,
Ticagrelor 180 mg*
Heparin 5000 u IV (unless anticoagulated),
Nitrate and analgesia as required

* Discuss with cardiologist which P2Y12 Inhibitor to prescribe in the following situations:
Age > 80
Weight < 60 kg
Previous Stroke or TIA
Propensity to bleed (Recent surgery, GI blood loss or severe hepatic impairment)
Concomitant use of oral anticoagulants or NSAIDs

Non Diagnostic ECG
Consider Aspirin 300 mg sub-lingual nitrates or analgesia
CXR as indicated
Rapid rule out for MI Pathway
Consistent with myocardial infarction

Admit
Aspirin 300 mg
Ticagrelor 180 mg*
Fondaparinux 2.5 mg (unless anticoagulated)
Atenolol 25 mg unless contraindicated
Nitrate and analgesia as needed
Ensure good glycaemic control
Refer cardiology
Request Echo

Suspected ischaemic chest pain

Aspirin 300 mg,
Ticagrelor 180 mg*
Heparin 5000 u IV (unless anticoagulated),
Nitrate and analgesia as required

Standard secondary prevention at discharge (Ace inhibitor, beta-blocker, statin +/- aldosterone antagonist)
6 months dual antiplatelet therapy (at the discretion of the consultant cardiologist) with lifelong aspirin thereafter
Cardiac rehabilitation

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