Guideline for the Management of Suspected Acute Coronary Syndrome (Secondary Care)

**Suspected ischaemic chest pain**
- Immediate ECG, IV Access, Routine Bloods (incl. HSTnT, lipids, Glucose +/- HbA1c), Cardiac Monitoring

**Non-Diagnostic ECG (possible NSTE-ACS)**
- Additional ECG leads (V3R, V4R, V7-V9) are recommended if ongoing ischaemia is suspected when standard leads are inconclusive
- Consider Aspirin 300mg (loading dose)
  - Sub-lingual nitrate or analgesia
  - CXR as indicated

**Rapid Rule out for MI Pathway (see NHSL guideline)**

**NSTEMI excluded**
- If history typical for angina/ unstable angina, consider: Aspirin, betablocker, statin, GTN, ETT and direct cardiology referral/review

**NSTEMI confirmed**
- Aspirin 300mg (loading)
- Clopidogrel 300mg (loading)
- Fondaparinux 2.5mg (unless anticoagulated)
- Atorvastatin 80mg
- Consider betablocker (if no contraindications)
- Nitrate and analgesia prn
- Ensure good glycaemic control
- Repeat HSTnT 6 hours from presentation

**High Risk NSTEMIs**
- Discussion with oncall Cardiologist should be considered with a view to transfer/ early coronary angiography if recurrent chest pain &:
  - dynamic ST/ T changes
  - requiring IV GTN infusion
- Exclusions: significant co-morbidity, advanced cancer, cognitive impairment/ delirium, frailty etc.
  - - Standard secondary prevention
  - - Most patients who get PCI will be changed to Prasugrel at the discretion of the Cardiologist
  - - DAPT duration is dependent on bleeding risk and at the discretion of the Cardiologist

**ST-Segment Elevation (STEMI)**
- ≥ 2mm in 2 adjacent chest leads
- or >1mm in two adjacent limbs leads,
- or new LBBB,
- or >2mm ST depression V1 – V3 (posterior)
  - - consider additional posterior chest wall leads (V7-V9) in patients with high suspicion posterior MI

**Refer immediately for emergency PCI to Hairmyres CCU (Dedicated PCI line)**
- UHW and UHM – 01355 584817; UHH - ext 4817
- Aspirin 300mg (loading dose)
- Prasugrel 60mg (loading) [Contraindications below]
- Heparin 5000 units IV (unless anticoagulated)
- Opiate and anti-emetic as required

**Prasugrel Contraindicated in the following:**
- - Previous TIA, CVA, ICH
- - Weight <60 kg
- - Age ≥75
- - Patients for thrombolysis
- - Patients on anticoagulation
- - Severe hepatic impairment
- - Propensity to bleeding (Anaemia, GI bleed, etc)

**Load with Clopidogrel (600mg)**

D Carrick, R McGeoch. Last review Jun 2022. Review Jun 2024