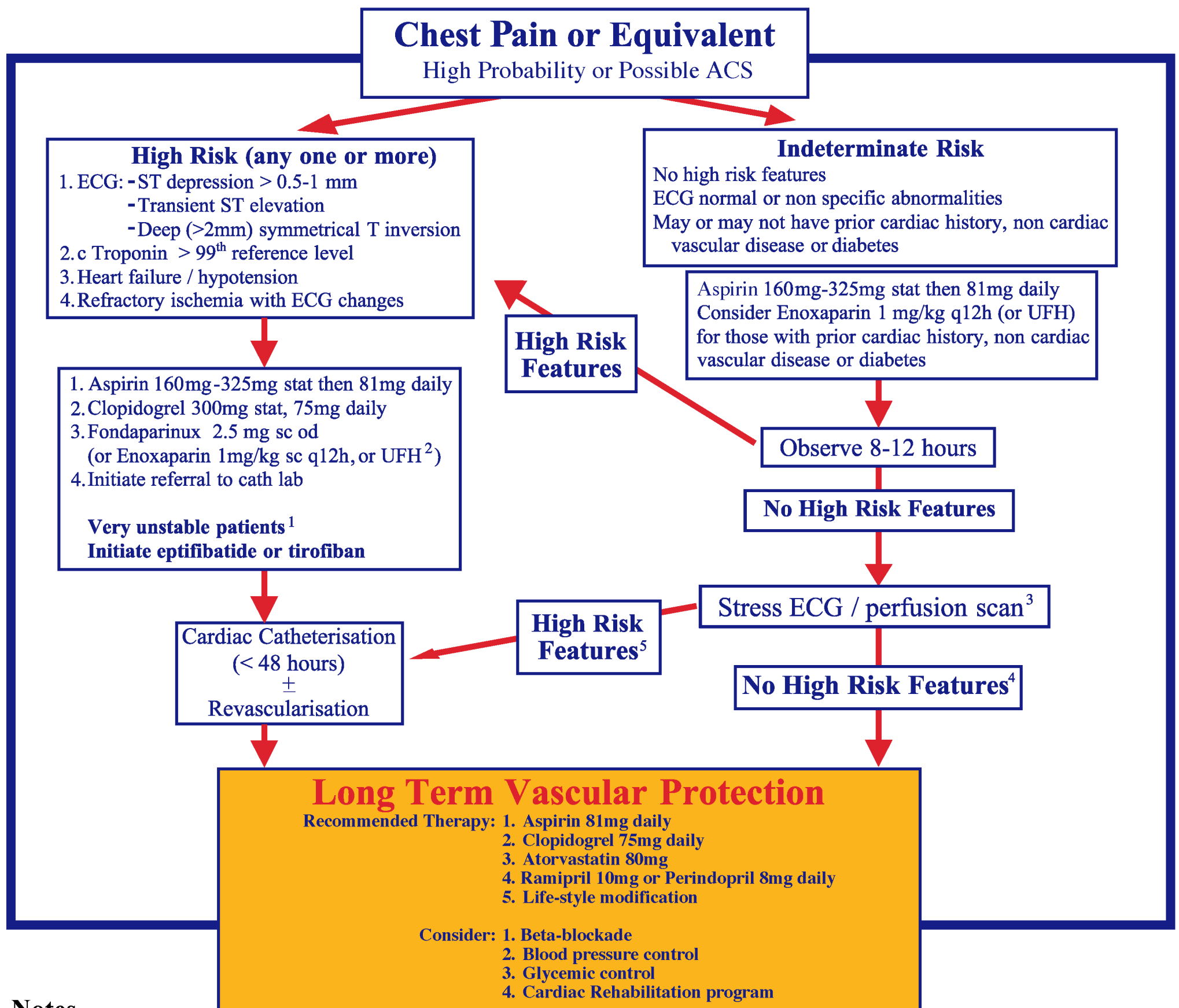


# Algorithm for Management of Non ST Segment Elevation Acute Coronary Syndrome



## Notes

- Very unstable patients with one of:
  - Frequent ischemic episodes + pain and ECG ST segment shift
  - Very high risk ECG changes (e.g. transient ST elevation, or deep ST depression across many leads)
  - Hemodynamic instability (heart failure or hypotension)
  - Refractory ischemia with ECG ST shift despite ASA, clopidogrel, heparin

**Need intensive management with**

  - Very urgent / immediate cardiac catheterization
  - Consider adding iv GP 2b/3a inhibitor (tirofiban or eptifibatide) to ASA, clopidogrel and unfractionated heparin (if LMWH started it should be continued and not switched)
  - Consider use of intra-aortic balloon pump to stabilize the patient prior to transfer for coronary angiography
- For patients in hospitals where cardiac catheterisation will occur within 24 hours UFH should be used.
- The stress ECG / perfusion scan ideally should be performed prior to hospital discharge. This is usually not practical. In patients with a higher probability of more extensive coronary artery disease (prior known coronary disease, multi-territory vascular disease, diabetes, and chronic renal insufficiency) short-term admission may be necessary to facilitate early non-invasive testing. In other patients arrangements should be made for testing in the next few days.
- For low risk patients with a normal stress test the decision to use long term vascular protective medication will depend upon the patient's risk factor profile and the clinical history of the acute event. Other causes of chest pain should be considered in many of these patients.
- Features of Stress ECG or myocardial perfusion scan that suggest a high risk for death or non fatal myocardial infarction for patients with recent (possible) acute coronary syndromes.

Exercise ECG
Low exercise tolerance Maximal exercise capacity < 6 METs
BP fall > 10mmHg or failure to rise > 10mmHg
Ischemic response at low exercise level. ST depression > 1mm at < 5 mets
Sustained ST depression > 3 minutes after exercise
Ventricular tachycardia induced by stress

Myocardial Perfusion Scan
Multiple reversible myocardial perfusion defects
Large territory of reversible myocardial perfusion
Large fixed defect
Lung uptake of tracer
LV ejection fraction < 35%