

Non ST Segment Elevation Structured Orders Early Management

Chest pain at rest, compatible with ischemic cardiac pain: > 15-20 minutes duration or multiple shorter episodes. Last chest pain within past 12 hours

AND

√ box		
	SBP < 90	
	Heart failure	
	ST depression >0.5mm (with or without pain)	
	Transient ST segment elevation > 1mm	
	Deep (> 3-4 mm) T inversion V1-4, or T inversion > 2mm in more than 5 leads	
	Increased troponin /CK MB	
	Recurrent chest pain with transient ST depression despite Rx with ASA, heparin, ± clopidogrel	
	Any of above go to HIGH RISK MANAGEMENT	

Chest pain at rest compatible with ischemic cardiac pain: last pain within past 24 hours
Crescendo angina / new onset angina with low threshold pain (CCS 3-4)

AND

	<i>No high risk features</i>	
	ECG can be normal or have non-specific abnormalities	
	Go to INDETERMINATE RISK MANAGEMENT	

High Risk Management

Date _____

<i>Medications</i>		Justify not using
ECASA 325 mg po stat, then 81mg daily	√	
Clopidogrel 300mg po stat , then 75 mg po daily	√	
Fondaparinux 2.5mg s/c daily	√	
<i>or</i> if creatinine clearance < 30 ml/min Unfractionated heparin Low dosage algorithm		
Referral for coronary angiography within 48 hours	√	
ST segment monitoring	√	

For very unstable patients

(With hypotension, frequent ischemic episodes with ST depression or with VT, or refractory to above treatment regimen)

Eptifibatide	
Intra-aortic Balloon Pump	
Immediate referral for coronary angiography	

Indeterminate Risk Management

Date _____

√ box	<i>Medications</i>	
	ECASA 325 mg po then 81 mg daily	√
	For patients with prior cardiac history, non cardiac vascular disease or diabetes Enoxaparin 1mg/kg s/c injection q12 h (max 100 mg) <i>or</i> if creatinine clearance < 30 ml/min Unfractionated heparin : low dosage algorithm	
	Consider admission for observation patients with - Prior MI /CAD history - Diabetes - Chronic renal disease - Symptoms typical of myocardial ischemia GXT or stress Cardiolyte® within 24 hours	
	Consider early discharge from ED for patients with - No increased background risk - ECG normal or minor abnormalities unchanged over 6 hours - Troponin I normal x2 over 6 hours - Recommend exercise stress test within 72 hours	

Signed _____ Date _____

Non ST Segment Elevation ACS Structured Orders

Discharge Strategy

Refer to Cardiac Rehabilitation		
Dietician		
Smoking counseling		
Diabetic Education		

Medications

For most patients		Dose	Reason if not prescribed
ASA coated 81mg qd	√		
Clopidogrel 75mg qd	√		
Atorvastatin 80mg qd	√		
Ramipril 10mg qd or Perindopril 8mg qd	√		
Beta blocker _____			

Signed _____ Date _____