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

NHS Lanarkshire

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

- Aspirin300mg (*loading*)
- Clopidogrel 300mg (*loading*)
- Fondaparinux 2.5mg (*unless anticoagulated*)
- Atorvastatin 80mg
- Consider betablocker *(if no contraindications)*
- Nitrate and analgesia prn
- Ensure good glycaemic control

Refer Cardiology, request Echo

Ischaemic ECG and Trop (+)ve (NSTEMI)

New horizontal down-sloping ST depression ≥2mm **or** deep symmetrical T wave inversion in 2 adjacent leads >3mm

Aspirin 300mg (*loading dose*)
Clopidogrel 300mg (*loading dose*)
Fondaparinux 2.5mg (*unless anticoagulated*)
Atorvastatin 80mg
Consider betablocker *(if no contraindications)*
Nitrate and analgesia prn
Ensure good glycaemic control in DM

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