ACUTE CORONARY SYNDROMES

Assess and maintain CAB's
Administer O_2 only if needed
Assess vitals
Apply monitors
(EKG, Pulse Ox, B/P)
Targeted history /Physical exam
Establish IV access
Perform 12 LEAD ECG

(electrolytes, enzymes-troponin, coags)

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Perform simultaneously with initial assessment

Oxygen (to maintain saturation *90 - 99%)
Nitroglycerine SL or spray
Aspirin
Morphine IV if pain not relieved by 3 NTG. Only recommended if STEMI

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ECG + for AMI <12 hrs

(ST elevation in 2 or more related leads)

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-IV Nitroglycerine (continuing ischemia, HTN, PE)
-**Heparin or LMWH**
-**Ace inhibitors (after 6 hrs)**
-B Blockers (after stable)

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Immediate: Prepare patient for:
PCI (Percutaneous Coronary intervention)
#1 choice for pt, <75 yrs old;
Cath, Stent, CABG
Ideal first contact to cath time 90 min

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Fibrinolytics
Ideal door or EMS to drug time 30 min

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High risk Acute Coronary Syndromes

-ST depression/T wave inversion
-High risk unstable angina
(female, rales Hx MI, diabetes, hypotension, tachycardia, atrial fib)
-AMI >12 hrs

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-**IV Nitroglycerine**
-**Heparin or LMWH**
-**Antiplatelets** (GPIIb/IIIa inhibitors)
-Ace inhibitors (after 6 hours)
-B Blockers (after stable)

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As Available: Cardiac cath to evaluate OR

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If suitable for revascularization
PCI
CABG

Nondiagnostic ECG or enzymes, Admit to ED/ chest pain unit
Serial ECGs, Serial cardiac markers

Tips for successfully managing this case:

Don't forget to:

- Use a pain scale to help your patient rate the pain
- Perform PQRST assessment to determine if the cause of pain is likely myocardial ischemia or injury
- Determine time of onset early
- History/physical should include screening for Fibrinolytic contraindications
- Assess vital signs before and after administering Nitrates
- Obtain 12 lead EKG early
- Administer Morphine only if Nitro fails to relieve the pain
- Reassess vital signs and pain frequently