

ED / AMU ACS Pathway

First take a good history. Be wary that some patients with negative troponins give a history of Unstable Angina and therefore require admission.

When is the ACS pathway used?

The ACS pathway is for patients where coronary ischemia is in your differential. It is **not** a blanket pathway for chest pain of unknown cause.

Patients presenting >8hrs post chest pain

If an initial trop is already over 8 hours post chest pain, it can be regarded as a definitive troponin. Our pathway does not support repeating it again.

ACS Treatment

If patients are diagnosed with an MI (trop positive with consistent symptoms/signs) the standard ACS treatment regimen includes **Aspirin 300mg** stat, **Ticagrelor 180mg** stat and Fondaparinux 2.5mg sc stat.

If a patient is **anticoagulated** with a NOAC, or with Warfarin (with a therapeutic INR), there is no need to give LMWH (Fondaparinux), but use clopidogrel instead of ticagrelor.

Direct admissions to CCU

Patients with ST Elevation (if not accepted for primary PCI) or those with CP + new ST Depression should be discussed with a local Cardiologist and **come directly to CCU**.

As it is difficult to be prescriptive for every other circumstance, a discussion with a senior / cardiologist may be worthwhile in order to best place your patient within the hospital. Factors that should make you think about a senior discussion are included on the pathway.

Patients where MI is excluded

If patients do exit the pathway (no new symptoms, no new ECG ischemia and troponins that meet the exit criteria to exclude an MI), two other important possibilities still require consideration:

- 1) Is the history in keeping with **unstable angina?** (This is still an ACS). If so the patient will require an acute inpatient admission with telemetry and IP cardiology review.
- 2) Is the chest pain due to a significant **alternative diagnosis?** If so this still needs to be actively considered/ investigated/ treated.

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