ucc
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

South/South West Hospital Group

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

GUIDELINES FOR MANAGEMENT OF SUSPECTED ACUTE CORONARY SYNDROME (ACS)

IMMEDIATE ASSESSMENT / TREATMENT

ECG within 10 mins of Arrival

Criteria for Diagnosis of STEMI suitable for urgent reperfusion

- **ECG:** ST elevation in 2 or more contiguous leads (2 mm in leads V2 and V3, or 1 mm in any other leads)
  Or New / Presumably new LBBB
- **History of ischaemic chest pain ≤12 hour duration**

STEMI CONFIRMED

If transfer to CUH Cath lab **is** possible within **90 mins** phone CODE STEMI number **1800742222** and prepare for immediate transfer to Cath Lab.
If transfer to Cath Lab within 90 mins **is not** possible and in the absence of contraindications, aim to administer thrombolysis ≤ 10 minutes: weight adjusted tenecteplase/ alteplase and weight adjusted enoxaparin (or unfractionated heparin). Transfer as soon as feasible to CUH CCU.

Clopidogrel, **NOT TICAGRELOR** (300 mg loading dose in patients aged ≤ 75 and 75 mg loading dose in patients ≥75) is recommended on top of aspirin in STEMI patients receiving thrombolysis.

NSTEMI / Unstable Angina

- **Ischaemic chest pain**
- ST depression or dynamic T wave inversion

Or

- High likelihood ACS
- **Repeat ECG if further pain**
- **Repeat ECG in 3, 6, 12 hours**

Send Blood for cardiac troponin I (cTnI), repeat in 3 hours
Contact ACS CNS if available
Do **not** give a second antiplatelet medication if early (≤24 hours) invasive management is planned *

- CUH: stable NSTEMI - decision will be made on ward round if patient presents overnight
- SSWHG: stable NSTEMI - fax referral to CUH Cardiology Co-ordinator (021 4922181)

Contact Cardiology Reg On-Call **ONLY** if urgent Angiography indicated (ongoing ischaemic pain, haemodynamic instability, refractory arrhythmia)

Give 300mg Soluble Aspirin PO

Give 180mg Ticagrelor PO for STEMI

Give 180mg Ticagrelor PO for NSTEMI if not for invasive management ≤24

Note 1: Contraindicated if **any** history of intracerebral bleed - use clopidogrel 600mg.
Note 2: Caution with bradyarrythmia and severe chronic lung disease.
Note 3: If patient is already on maintenance clopidogrel, give ticagrelor 180mg loading dose.
Note 4: If patient is already on warfarin or other anticoagulants, load with clopidogrel 600mg if no contraindications.
Note 5: Review concomitant medications for potential ticagrelor interactions.

Other Measures:

- Continuous **cardiac monitoring and SPO2 monitoring** if possible
- Administer **oxygen therapy only** if SP02< 90%
- **Morphine** for analgesia if no evidence of RV involvement
- **Statin**
- **Beta blockade** acutely or later as indicated
- **GTN sublingual** spray (unless SBP<90 mmHg, max 3 x 2 puffs at 5 minute intervals)
- If persistent pain, use **Isosorbide dinitrate (Isoket) infusion**
- **Anticoagulation** – In STEMI patients: The first two subcutaneous doses should not exceed 100mg per injection
- In NSTEMI / Unstable Angina patients: HOLD IF PATIENT IS FOR IMMEDIATE ANGIO – otherwise enoxaparin 1mg/kg BD
- No Low Weight Molecular Weight Heparin if taking oral anticoagulation. Caution if ≥75, or evidence of renal impairment

BGH, CUH, KGH, MGH, MUH, STGH, UHW
* Updated September 2020 in line with 2020 ESC guidelines for the management of NST-ACS