Acute Coronary Syndrome
Strategic Pathways

Low Risk Chest Pain
Unstable Angina/NSTEMI
High Risk NSTEMI
STEMI

Prepared by the Acute Coronary Syndrome Workgroup

January 2009
Patient presents with chest pain

No obvious other diagnosis
Possible Ischaemic symptoms
No ECG changes
Negative Troponin within 30 – 60 minutes
Negative chest x-ray

Patient assessed by Emergency Department or Primary Care Doctor

Patient enters Low Risk of ACS Chest Pain pathway

Negative ECG and Troponin at 8 hours and no ongoing chest pain

OPTIONAL
Patient assessed by Cardiologist/cardiac capable clinician. Exercise Tolerance Test undertaken, where resources available, with further investigation as determined in discussion with Cardiologist/cardiac capable clinician

*Note that this pathway is not intended to replace individual clinical judgement
ACUTE CORONARY SYNDROME PATHWAYS

UNSTABLE ANGINA AND NON ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI)

- Patient presents with chest pain
- Positive Cardiac Marker (Troponin) within 0 – 8 hours or High Risk Group
- Patient enters Unstable Angina/Non ST Elevation Myocardial Infarction pathway
- Cardiologist involvement (either onsite or via the telephone)
- Patient given routine medications

- Cardiology Delineation Level 2 (or lower) hospitals or any patient experiencing unresolved and ongoing chest pain must be transferred to a Cardiac Unit/Catheter Laboratory within 48 hours
- Patients within a Cardiology Delineation Level 3 or 4 hospital must be transferred to a Cardiac Unit/Catheter Laboratory (if not already there) as soon as possible within daylight hours

KPI: Where early invasive management/investigation is indicated it should ideally be available within 48 hrs including weekends and public holidays (regardless of the initial location of presentation)

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**ACUTE CORONARY SYNDROME PATHWAYS**

**HIGH RISK NON ST ELEVATION MYOCARDIAL INFARCTION (NSTEMI)**

1. **Patient presents with chest pain**
2. **Positive Cardiac Marker (Troponin) within 0 – 8 hours or TIMI Risk Score of 4 or greater**
3. **Patient enters High Risk Non ST Elevation Myocardial Infarction pathway**
4. **Early Cardiologist involvement (either onsite or via the telephone)**
5. **Patient given routine medications. Specific treatment beyond aspirin and heparin (in some form) to be determined by Cardiologist. Country recommend Clexane and Syringe Drivers (for transportation)**
6. **Repeat ECG every 6hrs**

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