**NSTEMI ACS PATHWAY**

**Champlain LHIN**

**Presenting**
ACS symptoms (i.e., chest pain, dyspnea, nausea, diaphoresis, weakness, hypotension) within 24 hours

**Diagnosis**
- History
- 12-lead ECG
- Biomarkers x 3

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**Active bleeding?**
- **YES**
  - Consider consulting internally or UOHI for more assessment
- **NO**

**Taking oral anticoagulants at home?**
- **YES**
- **NO**

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**1st Antiplatelet Therapy**
- LD: PO ASA 160 mg (chewable)
- Maintenance: PO ASA 81 mg daily

**2nd Antiplatelet Therapy**
- **Preferred:**
  - LD: PO Ticagrelor 180 mg
  - Maintenance: PO Ticagrelor 90 mg BID
- **Alternative:**
  - LD: PO Clopidogrel 600 mg
  - Maintenance: PO Clopidogrel 75 mg daily

**Anticoagulant Therapy**

**Choose one of the following options:**

1. SC Fondaparinux 2.5 mg daily (Hold day of angiogram)
   - Avoid if CrCl < 30 mL/min

2. SC Enoxaparin 1 mg/kg q12h (Hold day of angiogram)
   - Avoid if CrCl < 30 mL/min

3. Consider for very high risk ACS patients:
   - IV Unfractionated Heparin (UFH)
     - Bolus: 60 units/kg (max 4000u)
     - Maintenance: Follow UFH ACS protocol

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**Risk Assessment**

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Intervention</th>
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<tbody>
<tr>
<td><strong>Very high risk</strong></td>
<td>Urgent invasive angiogram (within two hours)</td>
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<tr>
<td>Hemodynamic instability associated with ischemia (transient fall of SBP &lt; 90 mmHg and not due to medication such as NTG)</td>
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<td>Killip class 3: Frank acute pulmonary edema</td>
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<tr>
<td>Killip class 4: Cardiogenic shock persistent fall in SBP &lt; 90 mmHg and not responding to fluid resuscitation accompanied with signs and symptoms of hypoperfusion</td>
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<td>Ventricular fibrillation</td>
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<td>Ongoing (&gt; 30 mins) angina at rest despite reasonable medical therapy (i.e., antiplatelet therapy, anticoagulants, nitroglycerin).</td>
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<td><strong>High risk</strong></td>
<td>Invasive angiogram (24-48 hours)</td>
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<td>Moderate or high Troponin rise (&gt; 5 ng/mL)</td>
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<td>New ST depression or transient ST elevation</td>
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<tr>
<td><strong>Medium risk</strong></td>
<td>Invasive angiogram (49-84 hours)</td>
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<td>Small Troponin rise (1-4.9 ng/mL)</td>
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<td>Dynamic T-wave abnormalities</td>
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<td>LVEF &lt; 40%, PCI within the last six months, prior CABG, Creatinine Clearance &lt; 60 mL/min or Diabetes</td>
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<td><strong>Low risk</strong></td>
<td>Non-invasive testing</td>
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<td>Negative biomarkers, negative ECG, no recurrent symptoms</td>
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**Consider the Following Administration**

- LD: PO ASA 160 mg (chewable)
- Maintenance: PO ASA 81 mg daily
- LD: PO Clopidogrel 600 mg
- Maintenance: PO Clopidogrel 75 mg daily

Hold oral anticoagulant and reassess for IV/SC anticoagulant therapy as needed

**Active bleeding?**

**Taking oral anticoagulants at home?**

**NO**

**YES**

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