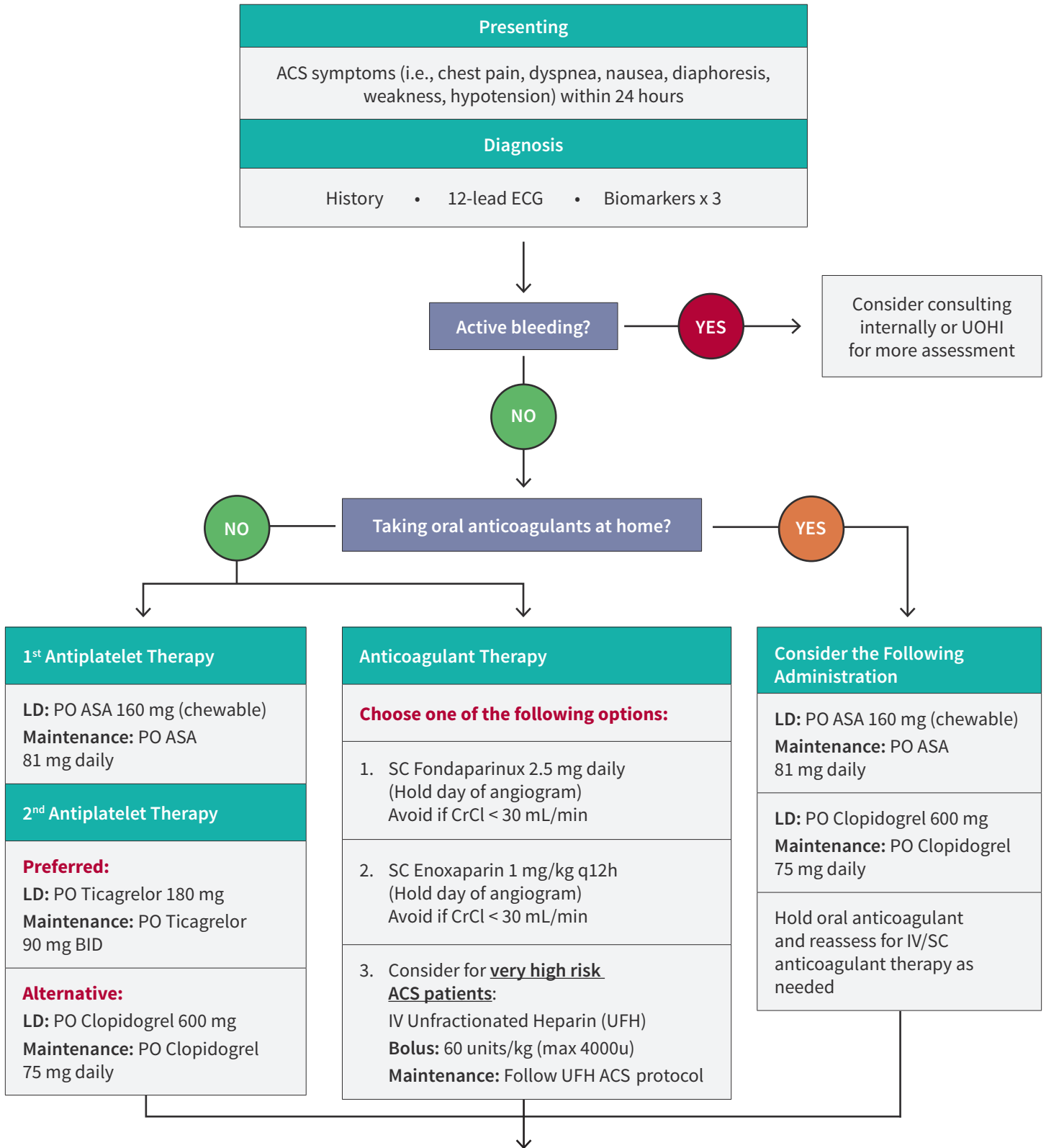




# NSTEMI ACS PATHWAY

## Champlain LHIN



Risk Assessment	Risk Description	Intervention
<b>Very high risk</b>	<ul style="list-style-type: none"> <li><b>Hemodynamic instability associated with ischemia</b> (transient fall of SBP &lt; 90 mmHg and not due to medication such as NTG)</li> <li><b>Killip class 3:</b> Frank acute pulmonary edema</li> <li><b>Killip class 4:</b> Cardiogenic shock persistent fall in SBP &lt; 90 mmHg and not responding to fluid resuscitation accompanied with signs and symptoms of hypoperfusion</li> <li><b>Ventricular fibrillation</b></li> <li><b>Ongoing (&gt; 30 mins) angina at rest</b> despite reasonable medical therapy (i.e., antiplatelet therapy, anticoagulants, nitroglycerin).</li> </ul>	Urgent invasive angiogram (within two hours)
<b>High risk</b>	<ul style="list-style-type: none"> <li>Moderate or high Troponin rise (&gt; 5 ng/mL)</li> <li>New ST depression or transient ST elevation</li> </ul>	Invasive angiogram (24-48 hours)
<b>Medium risk</b>	<ul style="list-style-type: none"> <li>Small Troponin rise (1-4.9 ng/mL)</li> <li>Dynamic T-wave abnormalities</li> <li>LVEF &lt; 40%, PCI within the last six months, prior CABG, Creatinine Clearance &lt; 60 mL/min or Diabetes</li> </ul>	Invasive angiogram (49-84 hours)
<b>Low risk</b>	Negative biomarkers, negative ECG, no recurrent symptoms	Non-invasive testing