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

*Interpret biomarkers according to your facility’s lab assay algorithm.