The Shrewsbury and Telford Hospital NHS Trust

SUSPECTED ACUTE CORONARY SYNDROME PATHWAY

Ref No: 2026

Lead Clinician	:	Dr C Khoo, Consultant Cardiologist Dr A Marsh, Consultant in Emergency Medicine
Care Group	:	Unscheduled Care (Medicine)
Implemented	:	December 2013
Last updated	:	December 2020
Last reviewed	:	December 2020
Planned review	:	December 2023
Keywords	:	Acute Coronary Syndrome, ACS, chest pain
Comments	:	See also: Management of suspected cardiac chest pain in the Emergency Department

Initial clinical assessment: Suspected Acute Coronary Syndrome

(i.e. chest pain suggestive of cardiac ischaemia lasting longer than 15 minutes)

- **12 lead ECG**
- **iv cannula – FBC / U&E / LFT / Glucose / Lipids / Troponin /**
- **CXR**
- Analgesia (GTN/opiates)

ST elevation or new onset LBBB on ECG:

- Arrange immediate transfer to Heart Attack Centre (UHNM or RWT)
- Aspirin 300mg *po stat*
- Clopidogrel 600mg *po stat*

Calculate TIMI risk score (one point for each of the following):

- Age 65 years or older? □ □
- Known coronary artery disease (i.e. vessel stenosis ≥ 50%)? □□
- Use of aspirin in the previous seven days? □□
- Severe angina (two or more episodes within the last 24 hrs)? □□
- ST segment change ≥ 0.5mm? □□
- Elevated serum Troponin? *(NB result not required before medical referral)* □□
- At least 3 risk factors for coronary artery disease? □□
  i.e. current smoker, hypertension, family history premature IHD (<65yrs old), hypercholesterolemia, diabetes mellitus.

TIMI risk score = / 7

≥ 4 — High-risk

- Aspirin 300mg *po stat* and 75mg *od*
- Clopidogrel 600mg *po stat* (if not already receiving) and 75mg *od*. Use Clopidogrel 300mg *po stat* for patients who are on OAC[1].
- Admit to CCU

- Fondaparinux[2] 2.5mg *sc od*
- Consider Bisoprolol 1.25mg *od* if heart rate >70bpm & no contra-indications.
- Consider discussion with Heart Attack Centre or on-call Cardiologist if ongoing chest pain, haemodynamic upset, pulmonary oedema or ventricular arrhythmias.

2 - 3 — Intermediate-risk

- Aspirin 300mg *po stat* and 75mg *od*
- Admit to a monitored bed on AMU

- Fondaparinux[2] 2.5mg *sc od*
- Consider Bisoprolol 1.25mg *od* if heart rate >70bpm & no contra-indications.
- Serial ECGs and interval serum Troponin.
- If evolving ECG changes suggest ischaemia or significant raise Troponin, treat as High-risk

0 - 1 — Low-risk

- Aspirin 300mg *po stat* and 75mg *od*
- Admit to AMU bed

- Serial ECGs and interval serum Troponin.
- If evolving ECG changes suggest ischaemia or significant raise Troponin, treat as High-risk

1. The continued use of an OAC (i.e. Warfarin or NOAC) is recommended in patients with: paroxysmal, persistent or permanent atrial fibrillation with a CHA_2DS_2-VASC score ≥ 2; recent or a history of recurrent deep vein thrombosis or pulmonary embolism; left ventricular thrombus; mechanical heart valve.
2. Do not give if on OAC. Contra-indicated if eGFR <20ml/min/1.73m^2 (consider unfractionated heparin infusion).