NSTEMI / Chest Pain

Patient presents with active symptoms concerning for ACS

Primary Assessment
- EKG (MUST be within 10 minutes of arrival)
- VS + Continuous cardiac monitoring
- 2 IVs
- CXR (PA and lateral, if patient stable)
- CBC, BMP
- High Sensitivity Troponin

Evaluate and manage appropriately

Vital signs unstable?
- STEMI, new LBB or Q-waves
- Significant arrhythmia
- Alternative diagnosis

Primary Treatment
- ASA 325 mg PO (600 mg PR if unable to swallow)
- Apply Oxygen if SaO2 < 90 %
- NTG 0.4 mg SL (persistent CP)*
- Consider Fentanyl 0.5-1 mcg/kg IV

Dynamic EKG changes?

Hs-cTnl < 2.3 ng/L
- NO
- Repeat Hs-cTnl 1 hour from previous

Hs-cTnl ≥ 15 ng/L
- YES

1 Hr Δ Hs-cTnl ≥ 15 ng/L
- YES

HEART Score ≤ 3
- NO

Low Risk: Discharge

HEART Score > 6
- YES

Intermediate Risk: (HEART Score 4-6)
CDU Exclusion Criteria? ***
- NO

CDU Chest Pain Protocol

High Risk

Administer:
- High Intensity Statin (Atorvastatin 80 mg)
- Anticoagulation (UFH or LMWH)

Consider:
- If CP remains NTG infusion starting at 10 mcg/min *
- B-blockers, 50 mg Metoprolol PO **
- Clopidogrel or Ticagrelor

ADMIT

* Nitroglycerin Contraindications
  - Hypotension
  - Right ventricular infarction
  - Severe aortic stenosis
  - Phosphodiesterase inhibitors within the previous 24 hours

** Blocker relative contraindications
  - CHF signs/symptoms
  - Evidence of low-cardiac output
  - Risk of cardiogenic shock
  - 2nd/3rd degree AV block
  - Asthma/Reactive Airway Disease

***ED CDU Exclusion criteria: Myocardial Injury
  - Systolic BP > 180 or < 90 mmHg
  - HR > 120
  - Dynamic EKG changes
  - Arrhythmia
  - Nitroglycerin drip
  - Emergency Physician discretion

If the patient develops theses while in CDU, they should be admitted to Cardiology

† If presentation <3 hours, should consider 1 hour Δ Hs-cTnl opposed to single rule-out troponin.

Values a – d remain undetermined. However, value a will likely vary based upon sex at birth.