

STEMI/NSTEMI ACS Algorithm

Symptoms of Chest Pain/Cardiac Ischemia ≤ 12 hours

ECG within 10 minutes, Give ASA 160 mg to chew

YES

≥ 1mm ST Elevation in 2 Contiguous Leads

NO

**Eligible for Primary PCI or
Contraindications to Fibrinolysis
Door in to Door Out ≤ 30min
Travel Time ≤ 60 minutes**

YES

Call **SMGH STEMI
Hotline
519-749-6844**

Prepare patient for
Code 4 transfer

MEDICATIONS

Ticagrelor 180mg
OR
Clopidogrel 600mg

UFH* IV Bolus 70
units/kg (max. 7000
units) **only**

**DO NOT USE LMWH
OR FONDAPARINUX**

Transfer emergently to
SMGH

NO

**PHARMACOINVASIVE
STRATEGY**
**Give TNK; Door to Needle
≤ 30 minutes**

Call **SMGH Cardiology
Direct
1-844-552-5502**

Prepare patient for Code 4
transfer

MEDICATIONS
Clopidogrel 300mg
(75mg if patient ≥ 75 yrs)
(No Ticagrelor)

UFH* 60 units/kg (max 4000 units) and
start infusion @ 12units/kg/hour to a max
of 1000 units/hour

OR (2nd Choice)

Enoxaparin:
<75 years 30mg IV + 1mg/kg sc q12h
≥ 75 years 1mg/kg sc q12h

Transfer emergently to SMGH

**NSTEMI/Unstable Angina Diagnosis
Evaluate for High Risk NSTEMI Features**

High Risk Features Present

- Transient ST Elevation
- New LBBB
- STEMI ≥ 12 hours
- Refractory symptoms and/or persistent ECG changes on medical therapy
- Hemodynamic instability
- Post arrest ROSC
- Ventricular arrhythmias

YES

Call **SMGH Cardiology
Direct
1-844-552-5502**

MEDICATIONS

**Ticagrelor 180mg loading dose
then 90mg BID**
OR
**Clopidogrel 300mg loading dose
then 75 mg OD**

UFH* 60 units/kg (max 4000 units)
and start infusion @ 12units/kg/hour
to a
Max of 1000 units/hour

OR (2nd Choice)

Enoxaparin:
1mg/kg sc q12h

*UFH=unfractionated heparin

NO

Admit to Hospital
Local Hospital ACS Protocol
Fax cath lab referral to
519-749-6606

MEDICATIONS

**Ticagrelor 180mg loading dose
then 90mg BID**
OR
**Clopidogrel 300mg loading dose
then 75mg OD**

Plus Anti-thrombotic of Choice:

- ❖ **UFH**
- ❖ **Enoxaparin**
- ❖ **Fondaparinux**

**Hold anti-thrombotic morning of
Cardiac Cath**

Contraindications for Primary PCI

ABSOLUTE:

- History of Intracranial Hemorrhage
- Cerebral Vascular Lesion
- Intracranial Neoplasm
- Ischemic Stroke within 3 months
- Suspected Aortic Dissection
- Active bleeding or bleeding diathesis
- Severe head/ facial trauma within 3 months

RELATIVE:

- Cardiac arrest with prolonged CPR
- Cardiogenic Shock
- Symptoms onset > 3 hours
- Severe Uncontrolled Hypertension
- Active Peptic Ulcer
- Diagnosis of STEMI in doubt
- Recent internal bleeding (2-4 weeks)