

Non-ST-Elevation Acute Coronary Syndrome Guideline

Diagnostic Criteria

- New >0.5 mm ST segment depression or new >2 mm anterior T-wave inversion and/or positive biomarkers
- If patient experiences persistent or worsening symptoms obtain serial ECGs at 15-30 minute intervals to monitor for new onset ST elevation

- Contact PCI Center to arrange for transfer of patient
- Dispatch EMS service once transfer is confirmed

ACC/AHA Guideline Based Treatment

Standard orders and labs

- É Assess vital signs stat, repeat per unit routine
- É Continuous cardiac monitoring (telemetry)
- É Insert 1-2 large bore peripheral saline lock IV(s)
- É Obtain following labs: CBC, BMP, PT/INR, PTT, Troponin I at 3 and 6 hours (if stay is extended)
- É Oxygen at 2 LPM if SpO₂<90%, titrate to maintain SpO₂ 90-94%

Standard Medications

- É **Aspirin 324 mg** (chewable non-enteric coated 81 mg x 4) orally stat x 1 or if patient is unable to swallow give: **Aspiring 300 mg** rectally
- É **Ticagrelor** (Brilinta) 180 mg orally stat x 1 **OR**
Clopidogrol (Plavix) 300 mg orally stat x 1 (do not give both Ticagrelor and Clopidogrol)
- **Discuss with accepting provider prior to administration**
- É **Heparin 60 units/kg IV bolus** (max bolus 4000 units)
- É **Heparin IV drip 15 units/kg/hr** (max 1000 units/hr)
- **Adjust dose according to weight based protocol if patient stay is extended**

Optional Labs

- É BNP, HCG

Optional Medications

- É **Nitroglycerine** 0.4 mg SL every 5 minutes x 3 as needed for chest discomfort
- É **Nitroglycerine** IV continuous infusion as needed for chest pain
- ** Hold Nitro if recent phosphodiesterase inhibitor, 24 h of sildenafil or vardenafil, or within 48 h of tadalafil.**
- É For severe uncontrolled pain, consider use of **Morphine** or other narcotic analgesic of choice IV as needed.
- É **Ondansetron** (Zofran) 4 mg IV as needed for nausea/vomiting x 1
- É **Metoprolol** (Lopressor) 25 mg orally x 1
- **Hold Beta Blocker if Signs of heart failure or shock, SBP less than 110, Heart rate less than 60 bpm or Heart Block, Severe Asthma or Reactive Airway Disease**

- Transfer patient to PCI center for possible early invasive strategy
- Send with or fax the following documents to accepting facility: 12L ECG, ED record, lab results, current medication record, EMS record

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